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Perspectives on the treatment experience of intrafamily child sexual abusers

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Perspectives on the treatment experience of intrafamily child sexual abusers

by

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ABSTRACT

The purpose of this study was to develop an initial ethnographic account of the treatment experience of intrafamily child sexual abusers from the perspective of the perpetrator, a significant other of the perpetrator, and the perpetrator's individual therapist at Broadlawns Medical Center in Des Moines, Iowa.

The ethnographer interviewed six sex offenders, six significant others, and four individual therapists. The interviews were analyzed using domain analysis outlined in Spradley's (1979) Developmental Research Sequence.

Six domains of meaning were discussed. The four imposed domains were: 1) Changes In The Perpetrator, 2) Helpful Aspects Of The Broadlawns Treatment Program, 3) Unhelpful Aspects Of Broadlawns, and 4) Suggestions Regarding What Could Be More Helpful In The Treatment Program. Two emergent domains were: 1) Factors That Contributed To The Offenders' Choices To Abuse Sexually, and 2) Impact Of Sexual Perpetration On Significant Others.

Results also included similarities and differences in the responses of each offender, his individual therapist and his significant other.

Findings in this study were compared with those of other researchers of sex offender treatment programs and with

prevailing theories of sex offender dynamics. Clinical implications and theoretical notions are presented.

CHAPTER 1

INTRODUCTION

The sexual abuse of adults and children is a growing concern to mental health practitioners and criminologists, as the number of incarcerated offenders continues to rise (Anderson, Gibeau & D'Amora, 1995). The exact occurrence of intrafamilial sexual abuse is unknown, but is higher than that which is reported, because families tend to conceal the offenses (Becker & Kaplan, 1990). The trend is clearly upward, however, since the number of imprisoned sex offenders rose by nearly 48% between 1988 and 1990, while the overall prison population rose only 20% (Freeman-Longo & Knopp, 1992). The societal cost of sexual abuse is enormous, in part, because many sex offenders will reoffend unless an effective deterrent is found (Furby, Weinrott & Blackshaw, 1989). Incarceration as an alternative to treatment has been criticized as impractical, however, since the cost of keeping a sex offender behind bars for an anticipated lifetime of 30 years costs $630,000 in today's dollars (Freeman-Longo et al., 1992).

A possible alternative to incarceration for some sex offenders is sex offender treatment. However, research needs to evaluate treatment programs to determine their effectiveness. The importance of the role of the patient and

collaterals as evaluators of mental health is well established (Strupp & Hadley, 1978). Failure to accommodate the multiple perceptions and experiences provided by patients, therapists and significant others into treatment programs can result in inadequate evaluation. Previous research has failed to evaluate the data available from these multiple perspectives (Lebow, 1981).

Purpose of the Study

The purpose of this study is to provide an initial ethnographic account of treatment experiences of offenders through the views and ideas of their therapists, their significant others, and the offenders themselves at Broadlawns Medical Center, (Broadlawns) an outpatient treatment program for intrafamilial sex offenders. Information gathered in this study may prove useful for treatment providers at Broadlawns and other treatment facilities because it provides insight into the different perspectives of key players in the treatment process. Through this study, treatment providers might become aware of information that could be considered as they make decisions about treatment policy and procedures.

This study explores the ideas and views of therapists, significant others of offenders, and offenders themselves. These ideas and views are explored based on the premise "that there are multiple realities, that inquiry will diverge rather than converge as more and more is known, and that all `parts'

of reality are interrelated" (Guba, 1981, p. 77). Respondents were asked to comment on their perceptions with regards to changes in thoughts, feelings, and behaviors of offenders and how the treatment program had helped offenders with those changes.

No prior study has been done from the aforementioned perspectives. This exploratory research studying the multiple realities of the subjects can contribute to the present knowledge base of conventional methods of treatment and "open new alternatives to thought and action" (Gergen, 1992, p.27).

This study necessarily uses a qualitative approach. A qualitative approach provides information that quantitative studies cannot. Unlike a quantitative approach, the insights and views given through multiple narratives of the subject are contextual in nature. The design used in this study is emergent in that the research has the flexibility to adapt to the requirements of a study in context (Lincoln & Guba, 1985).

The design in this study is a combination of a fixed superordinate question with four very broad, open ended, subordinate questions that allow subjects to describe their experiences, ideas and views in great detail without influence from narrow, leading questions (Sells, Smith & Moon, 1996). Based on informant responses, the researcher followed up with other open ended questions to facilitate subjects' expression as fully, freely, and clearly as possible.

Assumptions of the Study

In order to conduct this study, several assumptions were made. First it was assumed that offenders, significant others of offenders and corresponding individual therapists have different perspectives on offenders' experiences in treatment. Second, it was assumed that the voluntary participants provided responses which were reliable and accurate and not significantly different from experiences of those who chose not to participate.

Questions Posed in the Study

The major question of this study was: What was the treatment experience of the intrafamilial child sexual abuser at Broadlawns Medical Center? The following questions were of particular interest:

1. What changes has the offender made in his life since coming to Broadlawns as reported by the offender, a significant other of the offender, and the offender's individual therapist?

2. What were the most helpful aspects of the Broadlawns treatment program for the offender, as reported by the offender, a significant other of the offender, and by the offender's individual therapist?

3. What were the least helpful aspects of the treatment program for the offender, as reported by the offender, a significant other of the offender, and the offender's individual therapist?

4. What additions or deletions to the treatment program would be useful, from the viewpoints of the offenders, their corresponding significant others and their individual therapists?

CHAPTER 2

REVIEW OF RELATED LITERATURE

This section presents a literature review related to characteristics of perpetrators of child sexual abuse, various treatment philosophies and the need for this study. The study's theoretical framework is also included.

Perpetrators of Intrafamily Child Sexual Abuse

Intrafamily child sexual abuse refers to that sexual abuse in which the victim becomes known to the perpetrator by virtue of being either an immediate or extended family member. People who have sexually abused children are often referred to as "perpetrators," "child molesters" or "pedophiles." During treatment these labels are often accepted by the people as part of their identity. However, Araji and Finkelhor (1986) and Becker and Hunter (1992) assert that people who engage in sexual abuse or pedophilia do not necessarily do so all of their lives. Nevertheless, some experts in the field theorize that the choice to abuse children may be related to the genes or biology of the perpetrator (Maletzky, 1995a; Quinsey & Lalumiere, 1995). For the purposes of this study, the term "offenders" is used to refer to those participants who have perpetrated acts of sexual abuse. "Respondents" is a term used to refer to the corresponding therapists and significant others of the offenders who were also subjects of study.

While incest offenders are often categorized as a subgroup of child sexual offenders, Becker (1994) found that child molesters may engage in incestuous as well as nonincestuous abuse and may target children of both genders. As such, the notion that incest offenders are exclusively incestuous has largely been dropped (Becker, 1994). Thus, the following discussion on intrafamilial child sexual abusers also includes the citation of literature that refers, in general, to characteristics of perpetrators of child sexual abuse.

Sgroi (1982) asserted that, although incest offenders do not differ significantly from the rest of the population in regard to level of education, occupation, race, religion, intelligence, mental status, or the like, there are symptoms that often characterize that population. Other researchers support this assertion and suggest that incest offenders are heterogeneous and impossible to classify on the basis of one or even several personality traits (Erickson, Luxenburg, Walbek, & Seely, 1987; Maletzky, 1995b; Murphy & Peters, 1992; Smith & Saunders, 1995; Williams & Finkelhor, 1992).

Other researchers also agree and found that symptoms, or emotional difficulties characterize many offenders. Groth and Birnbaum (1978) and Bell and Hall (1976) promote the theory that child molesters have arrested psychosexual development and are emotionally immature. Thus, relating sexually to a

child satisfies some important emotional need (Finkelhor, 1984). In addition, Marshall and Mazzucco (1995) found that perpetrators have low self esteem, and Marshall, Barbaree and Fernandez (1995) found that offenders are unassertive. Therefore, relating to children fulfills a need for the offender to be powerful and in control.

Some researchers found personality characteristics as nondiscriminant between those who offend and those who do not. Justice and Justice (1979) found, however, that many fathers who commit incest are narcissistic and have difficulty in showing empathy to others because of their profound focus on themselves.

Relationship problems characterize many incest offenders (Smith & Saunders, 1995; Williams & Finkelhor, 1990). Many offenders are socially isolated, have poor social skills and few significant relationships (Gilgun & Connor, 1990; Groth, 1983; Justice & Justice, 1979; Smith & Saunders, 1995; Williams & Finkelhor, 1992). Incestuous fathers tend to be detached or isolated from early care, rearing, and socialization of their daughters than nonincestuous fathers (Parker & Parker, 1986; Williams & Finkelhor, 1995). The families of offenders are also often socially isolated (Finkelhor, 1978; Sgroi, 1982).

Finkelhor (1984) used the term "blockage" to identify a characteristic of many offenders that motivates them to abuse

sexually. Offenders are viewed as blocked in their ability to get sexual and emotional needs met in adult relationships. For example, De Young (1982) and Gebhard, Gagnon, Pomeroy, Christenson (1965) theorize that the marital relationship of the incest offender has broken down, and the father is too inhibited or moralistic to find sexual satisfaction outside the family. Thus blocked in other avenues of sexual or emotional gratification, he turns to his daughter as a substitute.

A lack of intimacy has been found to be a significant distinguishing feature of sexual offenders (Seidman, Marshall, Hudson, & Robertson, 1994). Many perpetrators seem to equate sex with love or intimacy, and thus attempt to meet their intimacy needs through sexual contact with family members (Mayer, 1983). Finkelhor (1984) hypothesized that offenders may have a fear of adult women because of exposure to mothers or significant adult females who were hostile toward, or rejecting of them. Findings from some studies also indicate a higher frequency of childhood sexual abuse among child molesters (Hanson & Slater, 1989; Langevin, Wright, & Handy, 1989; Marshall & Mazzucco, 1995).

Other components of the perpetrator's motivation to abuse sexually include the following. 1) The offender is sexually aroused by children, and inappropriately converts nonsexual problems into sexual behavior (Araji & Finkelhor, 1986;

Salter, 1988; O'Connell, Leberg & Donaldson 1990). Converting nonsexual problems into sexual behavior is illustrated by the following theoretical assertion.

> A series of major life changes with the family could, in the absence of positive coping actions, lead to an increase in aggressive or otherwise inappropriate acting out behaviors, including sexual abuse, by predisposed persons (Tierney & Corwin, 1983 p. 110).

2) Wenet, Clark and Hunner (1981) proposed a theory that some people have early sexual experiences with children that condition them when they become adults to be aroused by children. 3) Another hypothesis concerning perpetrators' arousal to children is that they learn such arousal from exposure to pornography (Araji & Finkelhor, 1986).

Results from some studies indicate that men who sexually abuse their own children may also exhibit other types of abusive behavior such as physical or emotional abuse of children and spouse (De Young, 1982; Herman & Hirschman, 1981). Incest offenders often abuse alcohol and/or drugs and then attempt to excuse their abusiveness on the abused substance (Deighton & McPeek, 1985; Herman & Hirschman, 1981; Mayer, 1983; Williams & Finkelhor, 1990). Men who sexually abuse their children often lack the ability to manage their lives and do not possess skills for coping with and reducing the amount of anxiety or stress they encounter (Herman &

Hirschman, 1981; Justice & Justice, 1979; Mayer, 1983; Williams & Finkelhor, 1990).

Child sexual abuse is perpetrated most often by men (Finkelhor & Russell, 1982; Russell & Finkelhor, 1984). Society's imbalance of power between the sexes has been attributed by feminist explanations as a basic reason for why men sexually abuse children (Breines & Gordon, 1983; Brickman, 1984; Finkelhor, 1986; James & MacKinnon, 1990). According to James and Mackinnon (1990),

> Consider the construction of male sexuality in a patriarchal culture. Conditioned to prefer younger, smaller women, men expect to be dominant in relationships. Women are expected to service and contain male sexual needs, providing the "necessary" outlet. Men are discouraged from expressing emotion or needs for dependency or nurture while male socialization promotes dominance, self centeredness, and the sexualization of emotions (p.75).

Treatment

In 1992 there were some 1,500 treatment programs for sex offenders in the United States (Knoop, Freeman-Longo, & Stevenson, 1992). While there are differences in the models of treatment that the programs employ, they essentially incorporate either a victim-perpetrator or a family systems philosophy as the underlying premise for treatment. It is

also common for treatment programs to treat incest offenders with other types of sex offenders.

The victim-perpetrator model is the most common way of conceptualizing incest (Rosenfeld, 1979). Trepper and Barrett (1989), regarding the perpetrator-victim model, assert, "This linear model conceptualizes incest as an aggressive act of a pathological or deviant adult perpetrator against an innocent and uninvolved victim (Trepper & Barrett, 1989, p. 16).

O'Connell, Leberg and Donaldson (1990) promote a program of treatment that incorporates the victim-perpetrator philosophy. The treatment program these authors advocate is similar to many treatment models. The first issue of treatment is to ensure that appropriate external controls are in place to reduce the likelihood of reoffense (O'Connell et al., 1990). External controls are rules that the offender agrees to follow. For example, the offender agrees to have no contact with any minors without the supervision of an approved adult chaperon who is fully informed of the offender's offenses and behavioral rules.

An important part of the treatment process is to help the offender make the internal changes needed to prevent reoffense (O'Connell et al, 1990). To make such changes, the offender needs to recognize and cease the use of defense mechanisms that he or she has used to give himself/herself permission to

offend. For example, almost all offenders will justify or rationalize their offenses. In other words, they will make excuses for their perpetration to make it seem like it was not their fault, or that the offense was not wrong. Also, it is common for perpetrators to deny their offense initially or to minimize the seriousness of it (O'Connell et al, 1990).

O'Connell et al., (1990) assert that an essential goal of therapy is for offenders to learn to control their deviant arousal patterns. In order to do so it is imperative that offenders believe that they have a problem and that they be able to identify their sexual behavior, thoughts, feelings, and fantasies. Such identification is important because it seems that inappropriate sexual fantasies may contribute to the perpetrator's choice to offend (Marshall, Barbaree, & Christophe, 1986; Murphy & Barbaree, 1988; Quinsey, Chaplin, & Carrigan, 1979). Thus, it is essential for treatment to focus on ways of helping the offender control his or her thought processes.

The offender's participation in group therapy with other sex offenders is considered to be an important component of treatment (O'Connell et al., 1990). O'Connell et al., (1990) express their opinion that it is not wise for one counselor to be the primary therapist for the offender, the victim, and the family because each client needs an advocate and the treatment of victims and perpetrators is different.

The model of treatment that O'Connell, Leberg and Donaldson (1990) promote resembles that of cognitive-behavioral treatment programs. These authors did not discuss research indicating whether or not the treatment procedures they advocate are effective. However, research indicates that, based on recidivism rates, the most effective methods for treating sexual offenders include cognitive-behavioral approaches in group treatment settings (Knoop, Stevenson, & Freeman-Longo, 1992; Marshall, Laws, & Barbaree, 1990). Such an approach is consistent with the treatment procedures advocated by O'Connell, Leberg and Donaldson (1990).

Some treatment providers have based therapy on the medical disease model of addiction (Laws, 1989). Laws points out that a disadvantage of this approach is that the offender may not take full responsibility for his behavior because the model emphasizes the acknowledgment of oneself as an addict and the need to admit powerlessness.

Relapse prevention is a model that is used by many treatment providers for perpetrators of child sexual abuse (Laws, 1989). The relapse prevention model attempts to teach skills that will enable the offender to interrupt the progression of precursors that lead to abuse (Pithers, Kashima, Cumming, & Beal, 1988). In other words, perpetrators have emotions, fantasies and distorted thinking that lead up

to their planning of and acting upon sexual abuse. It is therefore important for perpetrators to learn what to do when they feel attracted to deviant sexual activity. For example, if perpetrators have learned in treatment that viewing pornography might contribute to their choice to perpetrate sexually, then part of their treatment would entail the development of alternative plans they can utilize when they feel the urge to view pornography.

Teaching the offender interpersonal skills is also an important component of the relapse prevention model (Pithers, Kashima et al. 1988). Because relapse prevention is a model that emphasizes the importance of individualized treatment based on the particular offender's needs, the social skills training may be different for different offenders. Many offenders treated in the relapse prevention model also are required to receive training in anger and stress management (Pithers, Kashima et al. 1988).

The relapse prevention model is a cognitive-behavior therapy program. However, proponents of relapse prevention assert that it is imperative that treatment initially focus on helping the offender develop empathy for victims of sexual abuse (Hildebran & Pithers, 1989; Pithers, Kashima et al. 1988). "Only after recognizing the harm inflicted by their victimizations are offenders sufficiently motivated to

maintain the vigilance required by the relapse prevention model" (Pithers, Kashima et al. 1988, p.145).

The Vermont Treatment Program for Sexual Aggressors utilizes the relapse prevention model. A program evaluation covering November, 1982 to March, 1991 that was reported to the State of Vermont, Agency of Human Services, found a three percent recidivism rate for a sample of 190 incestuous offenders. This rate is difficult to compare to that of other programs, because recidivism is defined differently in different studies and because recidivism rates increase with the length of the interim under study. That is, as the length of time a group of sex offenders is followed after completing treatment, the greater the number who are found to reoffend. Meaningful comparisons can only be made between programs with the same definition of recidivism and the same interim of study.

Another treatment approach utilizes a family systems perspective. A premise of family systems theory is that the behaviors of family members result from and contribute to the behaviors of other family members (Fenell & Weinhold, 1989). In discussing incest from a family systems perspective, Reposa and Zuelzer (1983) theorize that:

> . . . such interactions take place within a context which is the family system. Incest then becomes symptomatic of

> family system dysfunction, and while intervention for the remediation of such dysfunction will occur on many levels, it is the family system which must be carefully used as a barometer of both growth and regression. (p. 112)

Thus, according to many scholars who embrace systems theory, all family members are both perpetrators and victims of the abuse (Alexander, 1985; Kennedy & Cormier, 1969; Machotka, Pittman, & Flomenhaft, 1967; Magal & Winnik, 1968; Strauss, 1973).

However, according to Cloe Madanes (1990), a prominent systems therapist, "the victim is the victim and the offender is the offender" (p. 57). In other words, Madanes emphasizes that successful treatment requires that the offender not blame the abuse on anyone but himself. Madanes (1990) discusses steps to reparation in cases of intrafamilial sexual abuse. First, a family therapy session is held and each family member is invited to tell what she or he knows concerning the abuse. The therapist asks each family member why what the offender did to the victim was wrong, starting with the offender.

The therapist agrees with the family as to why the abuse was wrong and adds reasons that may not have been mentioned. A unique aspect of Madanes' reparation model is that she asks the offender to get on his knees in front of the victim and express sorrow and repentance for what he did. Madanes (1990)

suggests that it may be necessary to have the offender express sorrow and repentance on his knees again and again, until therapist and family are satisfied that he is sincere. Madanes also asks the family members to get on their knees in front of the victim and express repentance and sorrow for not having protected her.

The therapist also sees the victim alone, and then begins to find a protector for her or him. Couples therapy is also a part of the reparation model. Key principles in this model are that the therapist must emphasize that the sexual offense was a violation of the spirit of the victim, the offender must express repentance sincerely and on his knees, and reparation must take place. In addition, Madanes stresses, "The therapist must violate all secrets, even though the family may attempt to restore secret coalitions" (Madanes, 1990). Violating family secrets is important because incest is committed in secret and secrecy can allow the abuse to continue.

Trepper and Barrett (1989) propose what they call the multiple systems model. Trepper and Barrett (1989) theorize that there is no one cause of incestuous abuse. Rather, all families have some degree of vulnerability based upon environmental, family, individual, and family-of-origin factors. If a precipitating event occurs and the family's coping skills are inadequate, incest may occur. The multiple

systems model distinguishes between "cause" and "responsibility" in that the causes of incest may be many, but the offender is the one responsible for the abuse (Trepper & Barrett, 1989).

The first stage in Trepper and Barrett's therapy program is called "Creating a Context for Change" and lasts approximately four to six months. Stage I therapy attempts to:

> (1) create the context that change is possible and expected;
> (2) acknowledge that change is difficult and that there will be setbacks during therapy;
> (3) introduce flexibility into the family system so that the members can change; and
> (4) make it clear that, although the therapist hates incestuous abuse, he or she does not hate any member of theabusing family; that is, they are all respected and cared for as people (Trepper & Barrett, 1989, p. 31).

In the multiple systems model the therapist has the flexibility and is encouraged to have separate therapy sessions with the family, the marital subsystem, the children, and the individual family members. Many programs in the United States postpone family sessions until the perpetrator has been in individual therapy for several months or longer.

The second stage of Trepper and Barrett's multiple systems model, "Challenging Behaviors, Expanding Alternatives" typically lasts over one year. In Stage II, the therapist takes the dysfunctional behavior patterns, belief systems, and

interactional sequences that were identified in Stage I and designs interventions to interrupt them. It is important for the therapist to offer alternatives for those behaviors (Trepper & Barrett, 1989).

The third stage is the final stage of treatment. It is called "Consolidation" because the family is expected to consolidate what they have learned into what they would like to be. During this stage, family members operationalize in their day to day life the concepts they have previously learned. On a weekly basis, they use their therapist as a resource from whom to gain feedback about their relative degree of success in implementing new therapeutic concepts.

In summary, the literature reveals that there are many programs that treat intrafamilial child sex offenders. These programs are based on either a victim-perpetrator or a family systems philosophy of treatment. The cognitive-behavioral approach advocated by O'Connell, Leberg and Donaldson (1990) and the relapse prevention model are based on a victim-perpetrator philosophy. Madanes (1990) and Trepper and Barrett (1989) suggest a treatment based on family systems theory, but they do not provide data to indicate the effectiveness of their program. This is in contrast to the Vermont treatment program previously discussed indicating that a relapse prevention program was quite successful in treating incest offenders.

Previous Research Studies

Scheela (1992) conducted a study of the treatment experience of 20 adult male incest offenders in the Sexual Abuse Treatment Program (SAT). SAT is a two year outpatient treatment program at a northern Minnesota mental health center for court mandated and volunteer offenders. The SAT program generally follows the victim-perpetrator treatment model. This program involved individual, group, family, and marital counseling for offenders, and their families if they plan to reunite. Scheela's data included 20 audio taped interviews, direct observations of 65 group therapy sessions and record analysis. She did not specify the questions utilized in the interviews.

On the basis of her findings, Scheela (1992) developed a "remodeling process" model as offenders face discovery of their abuse and go through treatment.

> The remodeling process involves the offenders' world falling apart, the offenders taking on the project of remodeling themselves, tearing out the damaged parts, rebuilding themselves and their relationships and their environments, doing the upkeep to maintain the remodeling that has been accomplished and, for some, eventually moving on to new remodeling projects (Scheela, 1992, p. 176).

"Falling apart" refers to the psychological disorganization, disorientation and accompanying emotional and physical pain that are precipitated by the incest being reported (Scheela, 1992). "Taking on the remodeling" consists of the offenders taking on the responsibility for the abuse, for working in treatment, and for doing the remodeling. "Tearing out" involves the offenders evaluating areas of their lives and trying to identify factors that played a part in their becoming incest offenders. "`Rebuilding' involves offenders making changes to put their lives back together" (Scheela, 1992, p. 180). "Doing the upkeep" refers to the need of the offenders to maintain the changes they have made. "Moving on" involves offenders moving on to new issues and processes in treatment when other issues are resolved, and separating from the group as treatment nears completion.

The use of this relatively unstructured, multiple case study design provides some insight into the process of psychotherapy of sex offenders from the participants' points of view. It is clear, however, that a major flaw exists in the study. That is, one of Scheela's subjects articulated his experience through use of the "rebuilding" metaphor. Scheela then imposed this metaphor upon data provided by other subjects, rather than employing a more balanced consideration of all of the data. This suggests that some bias was likely involved in interpretation and presentation of the study.

Prior to Scheela's study, Mathews, Matthews and Spelts (1989) made a more open ended attempt to understand and articulate the experience of treatment from the perspective of female sex offenders in a program entitled Genesis II. Results from that study suggest that female offenders perceived themselves as having improved or gained an ability to recognize, accept and express their feelings as well as develop empathy for their victims. Spontaneous comments from female offenders included, "I have feelings. It's okay to feel" (Mathews et al., 1989, p.63). An emphasis in group treatment of these female offenders was acknowledgment and resolution of having been sexually abused themselves (Mathews et al., 1989). Women offenders did not discuss how they had learned to give up power and control. There seemed to be more of a focus on resolving issues related to their having been sexually abused. Many of the women blamed themselves for their own victimization (Mathews et al., 1989).

Therapists in the program with the women offenders believed that encouraging the women to express their pain in an affectively congruent way was very healthy and cathartic, but the women generally viewed such expressions as a sign of weakness. "They remembered the times in their own families when their emotional vulnerability was taken advantage of; they feared it would happen again" (Mathews et al., 1989, p. 94).

Female offenders in Genesis II experienced an improvement in their self esteem, confidence and relationships with others. Some of their comments suggesting this are: "I'm a real person, I'm a whole person," and "I've learned how to grow up and be an adult" (Mathews et al., 1989, p. 93). Interpersonal relationships improved as female offenders learned specific interpersonal skills. These included the ability to compromise, trust, communicate, empathize and not sexualize relationships.

Most of the female offenders who acted alone in the abuse were described as taking 100% responsibility for their offenses during their initial intake into the program. The treatment program required that offenders disclose their crimes in therapy group settings. The purpose was to help the women start separating themselves from their behavior.

Mathews et al., (1989) asserted the following about the women offenders:

> Hiding from their behavior had only made them hate themselves more; they had difficulty comprehending the idea that they could take full responsibility for the crimes and still be worthwhile people. The support of the group helped them feel accepted as people in spite of their behavior. The energy that had formerly been

> expended to protect themselves from feeling their shame was then available for genuine empathy for their victims (p. 96.).

Female offenders in the Genesis II program repeatedly spoke of not being judged for the sexual abuse they perpetrated. These women felt understood, accepted and cared about. They appreciated that they were treated by therapists in an understanding and caring manner.

There is a common limitation found in the two research studies presented above. Mathews, Matthews and Spelts (1989) interviewed the offenders and the therapists of the offenders. Spelts (1989) interviewed only the offenders. Niether of the studies included input from significant others of the sex offenders. Since many sex offenders are court ordered into treatment programs and are expected by courts to make progress, offenders could have provided overly optimistic self assessments in an attempt to ensure their continued participation as an alternative to incarceration. It is on that basis that several authors have encouraged the inclusion of data from multiple sources in order that effective treatment and assessment of sex offenders take place (Douglas & Olshaker, 1995).

A second difficulty is found with respect to the generalizability of findings of Mathews, Matthews and Spelts's study (1989). A comparative analysis between male and female

sex offenders who are caregivers suggests that findings cannot necessarily be generalized across genders. That is, while some aspects of male and female sex offenders and their backgrounds are similar, some are not. Allen (1991) studied various demographic variables and interview content provided by 75 male and 65 female care giver sex offenders who were in treatment programs in Minnesota. He found that commonalities between the groups included degree of marital instability, family-of-origin structure, and the choice of victims of complementary gender. A substantial number of differences were also found, however. These included that female offenders are less satisfied in their marriages, more sexually active with multiple partners, more emotionally and sexually unfulfilled, more likely to report that they have been sexually victimized themselves, less likely to admit to having perpetrated sexual abuse, less optimistic that sex offenders can change their behavior, more likely to perceive sexual abuse as a great social deviance, more likely to be uncooperative with investigation procedures, more likely to feel angry and like they have been treated unfairly by the justice system, and more likely to be medicated as part of treatment.

A limitation in the design of this study is likely, however. Allen (1991) reports that the female offenders were less likely than male offenders to either admit commission of

sexual abuse or to cooperate with investigators. This finding suggests that a gender bias may be present in which male offenders may have been more straightforward in reporting their experiences. On the basis of both the findings and the possible limitations of this study, it appears that there is justification for studying sex offenders independently by gender.

Self esteem and a previous history of sexual abuse victimization appear to be common findings of a more recent study involving male sex offenders (Marshall & Mazzucco, 1995). Twenty four nonfamilial child molesters involved in a Canadian sex offender treatment program were examined. In this study, subjects were administered the Social Self Esteem Inventory, the Parental Acceptance-Rejection Questionnaire, the Family Violence Scale, the Childhood Sexual Abuse Scale and the Personality Questionnaire. Multiple *t* tests were performed on the data. These findings suggest that child molesters demonstrate a significantly lower level of self esteem and a higher incidence of themselves having been the victims of sexual abuse during childhood than nonmolesters.

There are two possible difficulties with the interpretation of these data. Researchers imply that low self esteem has contributed to sexual offending. In reality, the low self esteem found among offenders could as easily be attributed to their having been caught for sexual abuse, their

having participated in a treatment program or to their having sexually abused. In sum, while significantly lower self esteem may be found among sex offenders in treatment, the low self esteem may be a response to, rather than cause of the abuse.

Further, even the incidence of a history of sexual abuse among offenders is questionable. Since the subjects of this study were sex offender in a treatment program, it is possible that they may have been more willing and capable of reporting memories of having been sexually abused, due to the introspection treatment requires. It is also possible that some offenders fabricated accounts of having been sexually abused themselves, in order to gain leniency from treatment providers and court systems.

Some studies provide conflicting and contradictory findings regarding the nature of sex offenders and their interpersonal and intrapsychic dynamics. A lack of understanding in this area makes development and evaluation of treatment programs difficult, in that the needs of offenders cannot be understood and adequately addressed. In a Canadian study, Hanson and Scott (1995) examined perspective taking and sympathetic feelings as subcomponents of empathy among 149 convicted sex offenders, 49 sex offenders who had never been charged, 84 men who denied having ever perpetrated any sex crime, 41 men convicted of nonsexual offenses and 76 male

university students who denied having ever perpetrated any sex crime. Subjects were administered the Child Empathy Test, the Empathy for Women Test and the Abel and Becker Cognition Scale. The first two of these instruments were researcher developed for the purposes of the study. Researchers found that among the groups examined, sexual offenders demonstrated the greatest deficits associated with interpersonal empathy.

By contrast, Dadds, Smith, Webber and Robinson (1991) compared the personality characteristics of 46 father and stepfather incest offenders who were engaged in a sex abuse treatment program in Queensland, Canada to personality characteristics found in 30 nonoffending fathers and stepfathers "...from a variety of sources" (p. 577). Cattel's 16 Personality Factor questionnaire was used. The factors of Guilt and Anxiety, Dominance and Assertiveness, Self-Control, Superego, Tough-mindedness, Suspiciousness, Radicalism and Intelligence were measured by this instrument. Researchers found no significant differences between the two groups.

Selection of the control group could have affected these outcomes, since the researchers apparently took no precautions to ensure their control group did not contain sex offenders or members who in the future may perpetrate sexual abuse. Researchers expressed their own reservation about the study, in that the research group may have systematically distorted their test results to appear more "normal." Researchers

hypothesized this distortion may have resulted out of a fear that more "abnormal" findings could have been used to further incriminate the incest offenders. A comparison of these findings with those of Hanson and Scott calls into question whether or not sex offenders can be identified on the basis of personality characteristics.

The previous discussion presented the most salient characteristics of intrafamilial adult perpetrators of child sexual abuse. There is no one profile that can be used to describe incest offenders. References from the literature regarding characteristics of child sexual abusers in general have been included because the offenses of incest perpetrators are often not limited to the family.

Need for Qualitative Studies

The purpose of sex offender treatment, like other types of psychotherapy, is to help people change or deal more successfully with their problems. The goal of therapy when working with offenders is to help them so that they will choose not to reoffend. While quantitative studies are important in measuring the effectiveness of treatment, definitive outcomes have not been established by quantitative methods for several reasons. The quantitative studies reviewed here demonstrate methodological difficulties. These include inadequate assessment instruments and the misappropriation of statistical procedures. On these bases

alone, it is not surprising that a lack of consensus on the effectiveness of any particular type of sex offender treatment is found. Conflicting outcomes also suggest that quantitative methods have been implemented prematurely and that a foundational, consistent theoretical model is lacking. Qualitative research is especially useful in inductive theory creation (Glaser, 1978; Goetz & LeCompte, 1984; Miles & Huberman, 1984).

Further, the review of qualitative studies presented above demonstrates an inadequacy in their designs, researcher bias, or limitations in generalizability to male offender populations. It is on these basis that further qualitative research is justified.

In sum, flaws in quantitative research designs have led to misleading findings and has certainly led to conflicting outcomes. Qualitative designs contain similar flaws in that they have failed to incorporate data from multiple perspectives, and their findings are not generalizable to offenders. As such, further research into the experience of treatment of sex offenders is needed. The present research will contribute to the existing body of knowledge by studying male offenders from multiple perspectives.

CHAPTER 3

RESEARCH METHODOLOGY

This section delineates the informants, therapists, and researcher who participated in this study. It also provides a description of the treatment program. The method of data analysis is also described. Indicators of rigor and techniques to ensure rigor are discussed.

Informant Selection

Informants in this study were selected from one of the adult sexual offender groups in the Intrafamily Sexual Abuse Program at Broadlawns Medical Center in Des Moines, Iowa. At the time of this study the program was comprised of three groups containing between six and ten men each. A male and female therapist was assigned to each group. Informants were selected from one of the three groups. A group that had been observed on only two occasions by the researcher was chosen for this study. The other two groups were excluded because the researcher had been actively involved as a therapist in both of them. Aside from the prior involvement of the researcher in the latter two groups, there is no identifiable reason to believe that their members were different in ways important to this research from those informants who actually participated in the study.

Purposive sampling was implemented to include participants who had been involved with the Intrafamily Sexual

Abuse Program for at least six months. This ensured that participants were familiar with Broadlawns treatment program. Seven members of the selected group had been involved with the program for at least six months and were thus invited to become part of the study.

The researcher attended a group therapy session to recruit research participants. He described the study to the group members, and asked if they would like to participate in the study. Six of the seven group members were interviewed. The seventh chose to not participate in the study. Because the seventh person did not participate, it is not possible to know how he might have been different from those who were studied.

Informants also included a significant other of each offender. It is believed that inclusion of significant others was important as these people would be in a position to indicate whether the offender was making changes in his private as well as his public life. The significant others were three spouses, one fiance, a homosexual partner and a brother. The brother was chosen as the significant other for one of the offenders because the offender was not romantically involved with anyone, and the offender lived with his brother. The names and telephone numbers of the significant others were obtained from the offenders. They were contacted and all

expressed a willingness to be interviewed. Two of them preferred to be interviewed by phone.

Informants also included the offenders' individual therapists. The female therapist who co-facilitated the group was the individual therapist for one of the offenders. The male therapist of the group was also the individual therapist for two of the offenders. Two of the other offenders shared a different male individual therapist. The final offender had a male individual therapist who provided none of the group therapy.

Finally, medical records for each offender were reviewed. Data derived from this review included the nature of the sexual offenses, education obtained and work and family history.

The study was conducted with the approval of the Human Subjects Review Committee of the Graduate College at Iowa State University. The department and division heads and Human Subjects Committee at Broadlawns Medical Center also approved the study. Before interviews started, informed consent was obtained from each participant (Appendix C). The informed consents communicated to the participants that confidentiality would be strictly followed and that their names would not be associated in any way with the research findings. The researcher adhered to the code of ethics of the American Association of Marriage and Family Therapists (1991). Section

2.1 of that code states, "Marriage and family therapists may not disclose client (informant) confidences except: (a) as mandated by law; (b) to prevent a clear and immediate danger to a person or persons;" (p. 3).

Informant Description

Perpetrator

The six offenders were all Caucasian males. Three of them graduated from high school. Two received equivalency diplomas and one did not graduate from high school. Three of the offenders attended some college or graduated from a technical school.

One of the three married offenders had been previously married. Two of the offenders had never married. One offender had been married and divorced four times.

Three of the offenders were auto mechanics. However, one of the three was not employed as such because he had Acquired Immune Deficiency Syndrome and received disability. One offender was a truck driver for a lumber company. Another was employed as a shirt presser, and the last offender worked at a grocery store.

The ages of the offenders ranged from 29 to 51 years. The average age was 39 years. The average interim offenders had been participants in the Intrafamily Sexual Abuse Treatment Program was approximately 18 months. The range was seven months to two years.

All of the offenders had fondled their victims. Three of them performed digital-vaginal penetration. Two of them performed vaginal and anal intercourse or had attempted to do so. In addition to abusing the twelve year old son of his foster brother, one offender exposed himself to a five year old boy and an adult woman and showed pornographic material to a child. One offender abused his biological daughter. Two offenders abused the daughter of either their girlfriend or wife. Two of them abused their adopted daughter. Four of the victims were young teenage girls. One was a ten year old female.

Significant Other

Four of the significant others were Caucasian females and two were Caucasian males. Three of the females were married to the offenders. One of the marriages was common-law, as the couple had been together five years.

One of the wives was a registered nurse and another was an accountant. The third worked at home. Two of the significant others were blue collar workers and one was not employed because he was ill with Acquired Immune Deficiency Syndrome.

The approximate age of the significant others was 35 years. The brother of one of the offenders was 47 years of age. One offender lived with his brother and his brother's wife. The other male was a homosexual partner to one of the

offenders. That couple had been living together for approximately seven months when they were interviewed. The fiance was living with the offender to whom she was engaged. None of the married offenders were able to live with their wives because the children who were victimized were in the home; nonetheless, the offenders were able to spend time with spouses.

Therapists

Two of the therapists were licensed social workers who were 39 and 68 years of age. The 32 year old therapist had a master's degree in psychology. The 37 year old therapist had a doctorate degree in psychology. The therapists had an average of five years experience working with child sexual abusers. Three of them were male Caucasians and one was a female Caucasian.

Ethnographer

The ethnographer for this study served as the primary investigator and interviewer. Vierra and Pollock (1988) assert that the essential ingredient in any productive interview is the researcher's driving interest in what the informant has to say. Having the primary researcher serve as the interviewer would likely facilitate that ingredient.

The ethnographer was a twenty-nine year old male Caucasian pursuing a doctorate degree in Human Development and Family Studies with a specialization in Marriage and Family

Therapy at Iowa State University. After receiving a master's degree in Marriage and Family Therapy and prior to beginning doctoral studies, the researcher had worked approximately thirty hours a week for one year conducting individual, family and group therapy with rapists, child sexual abusers, and exhibitionists.

Before the present study was conducted, the researcher also spent six months as a doctoral intern conducting individual, group, and family therapy with offenders at the Intrafamily Sexual Abuse Program at Broadlawns Medical Center, and as a group co-facilitator for mothers of sexually abused children. Thus, the researcher was familiar with the individual, group, and family dynamics associated with child sexual abuse.

Because it is often the case in qualitative research that the ethnographer serves as the primary investigator and interviewer, it is important to make the researcher role clear and to make any known researcher biases explicit when reporting qualitative studies (Moon, Dillon, & Sprenkle, 1990). The researcher's education and professional experiences indicate he has a bias that sex offender treatment may be a viable alternative to incarceration. Further, his conduct of this research indicates his bias that research is intrinsically important, that it is useful to understand sex offenders' treatment experiences, and that an understanding of

these experiences may lead to both better program evaluation and to more effective treatment programs. Finally, the hierarchical arrangement of research questions in this study suggest that the researcher believes the subordinate questions will ensure elicitation of sufficient detail regarding the general research question.

Treatment Program

The Intrafamily Sexual Abuse Program (IFSAP) at Broadlawns Medical Center follows the victim-offender philosophy of treatment. It is a cognitive-behavioral program that also emphasizes that offenders learn to identify and understand their feelings.

The treatment program is a keystone treatment element of Polk County's intrafamily sexual abuse service network. The treatment team is composed of eleven therapists who address sexual abuse within the context of the family system, while stipulating physical and psychological safety for victims as paramount.

Offenders referred to the IFSAP program are required to complete an Extended Evaluation Program (EEP). EEP is designed to assess treatability for sexually abusive behavior and to provide an opportunity for the alleged offenders to state their position formally regarding the allegations against them. This evaluation focuses on issues of denial, responsibility, victim empathy, power and control, and sexual

attraction. It is not treatment, nor does it address guilt or innocence. The alleged offenders attend a closed ended educational group for two hours once a week for five or six weeks.

The evaluation also requires that alleged offenders submit to psychological testing. The following tests are administered: Rorschach, Wechsler Adult Intelligence Scale-Revised, Hare Psychopathology, Multiphasic Sex Inventory, and either the Minnesota Multiphasic Personality Inventory or the Millon Clinical Multiaxial Inventory II.

After completing the Extended Evaluation Program, the offenders are allowed to enter the Intrafamily Sexual Abuse Program if they are deemed amenable to treatment. Therapists who facilitate the educational group in the Extended Evaluation Program decide whether or not an offender is amenable to treatment based upon certain criteria. Offenders must demonstrate motivation for therapy by completing the assignments given them in EEP. In addition, offenders must have the intellectual ability to understand the concepts that will be presented in therapy.

Another criterion used for admission into IFSAP is that the offenders acknowledge they have committed the sexual offenses of which they are accused. After completing the Extended Evaluation Program, offenders attend an eight hour marathon therapy group. During this group, each offender is

given the opportunity to relate the details of his abuse. If the offender does not acknowledge committing a sexual offense, he is not admitted to the treatment program.

Offenders require approximately two years to complete the program. A requirement of the program is that the offenders attend weekly group therapy for two hours. Weekly individual therapy sessions are usually held for an hour.

When offenders are admitted into IFSAP they are also required to attend a relationship group. This two hour group is held on a monthly basis for offenders, significant family members, and adult survivors of sexual abuse. The main therapeutic focus is for members to be able to gain an understanding of the dynamics of family relationships, interpersonal boundaries, control issues, emotional dependency and family belief systems. Offenders' admission of abuse facilitates improvement of survivors and empathy development for offenders.

For offenders to complete the program successfully, it is anticipated that they will accomplish the following:

1) Readily admit to all abuse and speak without denial, minimization or defensiveness.

2) Understand victim empathy and demonstrate genuine empathy for victim(s).

3) Take responsibility for their treatment and recovery by completing assignments, actively pursuing therapy and committing to aftercare without reservation.

4) Consistently acknowledge a sexual attraction to children and a willingness to discuss the factors involved without reservation.

5) Demonstrate trust in the group by honestly sharing information, expressing feelings about personal issues without the fear of being vulnerable, providing constructive feedback to others, and openly receiving feedback from others.

6) Understand their use of interpersonal control and demonstrate the ability to manage it.

7) Understand and develop clear, appropriate boundaries with family members and others.

8) Understand risk factors involved in past abuse and methods to manage these appropriately.

IFSAP Rules Regarding Contact with Children and Pornography

The offenders participating in IFSAP at Broadlawns Medical Center agree:

1. That they will not involve themselves in any form of contact with their victim(s). Contact is defined to include verbal or written communication, sending or receiving gifts, sending messages to or receiving information about the victim via a third party. Further, offenders agree to refrain from entering the premises or being in the general vicinity where

victim(s) reside, or the general vicinity, for any purpose, at any time, unless prior authorizations have been gained. All authorization must be made by the IFSAP treatment team.

2. To remove themselves immediately from any situation where they are in close proximity to children.

3. To refrain from activities in which they will be in the proximity of children, or settings in which their deviancy is perpetuated, such as cruising certain areas of town.

4. To refrain from frequenting establishments during hours when children are likely to be present, such as skating rinks and shopping malls.

5. That their employment may not include activities such as counseling or coaching, where they might have contact with children.

6. That their residence must not be in close proximity to schools, daycare facilities, parks, or playgrounds where children congregate.

7. To refrain from dating anyone under the age of 21 years, or anyone with children under the age of 18 years.

8. To refrain from attending pornographic movies or shows, having any form of pornographic material at their residence, frequenting nudist type areas, soliciting the services of prostitutes, or involving themselves in casual sexual relationships. Utilizing materials used in sexual fantasies involving children are also considered to be inappropriate.

9. That additional limitations may be placed upon their behavior based on circumstances arising during the course of treatment. Any modification of the preceding rules must be approved by the IFSAP treatment team.

Procedure

Qualitative methods need to be clearly articulated so that the data can be understood and perceived in proper perspective (Stainback and Stainback, 1984). Guba (1981) and Brotherson (1990) note that qualitative research uses an emergent, flexible design and that it must have indicators of rigor to ensure credible and useful findings. Indicators of rigor are outlined below and illustrate in detail how the study was conducted.

Credibility

Brotherson (1990) asserted that "credibility" asks about the match between the constructed realities of the respondents and those realities represented by the investigators. It takes into account the array of interfacing factors that influence interpretations (Brotherson, 1990). In this study three indices of credibility were utilized. First, to enhance credibility each interview was audio-recorded and transcribed. The transcription of audio-recorded interviews allowed the researcher to examine carefully the content of the interview. Interviews for the offenders and four of the significant others were conducted at the researcher's office at Broadlawns

Medical Center. The therapists were interviewed in their offices at the hospital. Two of the significant others were interviewed by phone.

Confidentiality was a second index of credibility. Prior to interview, respondents were informed that the information they provide would not be associated with their names, and that the researcher would not be involved in any clinical decisions regarding the offenders or their families. It is likely that respondents would be more truthful in disclosing negative aspects of their treatment if they were assured that information would not be associated with their names and that the researcher was neutral. Otherwise, they might fear negative repercussions such as prolonged treatment or extra assignments.

Triangulation is important to increase credibility of qualitative research (Lincoln & Guba, 1985). Triangulation consists of using multiple sources, investigators, and methods to cross-check data and interpretation (Lincoln & Guba, 1985). In this study, the transcripts of the interviews were reviewed by the researcher, his major professor, and an undergraduate student trained by the researcher in analyzing ethnographic data. The cross-checking of data in this manner was a form of triangulation. The undergraduate student was an undergraduate senior majoring in psychology who obtained course credit for analyzing the researcher's data. The researcher met with the

student and explained to him the data analysis procedure. The process of transcript review is described in the "data collection and analysis" section of this chapter.

Descriptive and reflective field notes were also used to cross-check data (Lofland, 1971). The descriptive field notes were those that contained the researcher's attempt to record exactly what he saw and heard in the interviews. These notes included body posture, facial expressions, voice tone and eye contact of the informants. Nonverbal cues of informants provided insight about their personality characteristics and social interaction patterns (Retzinger, 1991; Scheff & Retzinger, 1991). Regarding paralinguistic cues and visual gestures, Miller and Burgoon (1990) found:

> Certain patterns of nonverbal and vocal cues are somewhat systematically associated with deceptive communication. Included among these cues are behaviors symptomatic of underlying anxiety and of reticence or withdrawal, excessive behaviors that deviate from a communicator's normal response patterns, behaviors signaling negative affect, behaviors indicative of vagueness or uncertainty, and incongruous responses suggesting that external behavior contradicts actual feelings (p. 352).

The descriptive field notes regarding the two informants who were interviewed over the telephone included voice tone and emotions.

Descriptive and reflective field notes also contained the researcher's speculations, feelings, ideas, hunches and impressions about the interview. These notes served as indices to help ascertain the credibility of informants' responses. A summary and conclusions about the credibility of informants' responses based on these observations is contained in Appendix B.

Transferability

Transferability refers to how applicable the results of a study are to other possible contexts. Guba (1981) asserted that it is not possible to develop "truth" statements that have general applicability; rather, one must be content with statements descriptive or interpretive of a given context. Transferability was addressed in the following manner. First, purposive sampling was used to maximize the range of information. The researcher demonstrated that the sample selection met the criteria. Second, the researcher gathered thick descriptive data so that a comparison of the context of this study could be made with other possible contexts. Finally, resultant data were summarized in detail.

Even though the study was conducted with clients of Broadlawns Medical Center, the findings might be useful for other agencies providing treatment for intrafamily child sex abusers. The therapeutic goals of Broadlawns are similar to those of other treatment providers which are designed to help

offenders develop victim empathy, take responsibility for their recovery, understand their sexual attraction to children, participate assertively in group and understand their own behavioral and cognitive precursors to abuse. The findings from this study might be of interest to other providers of a similar treatment process. Thick descriptions of the study's content, process, and context allow readers to evaluate the applicability of the study for their purposes.

Dependability

Dependability refers to the stability and consistency of the data. Dependability was addressed by establishing an "audit trail." Guba (1981) explains that an audit trail is the documentation conducted during the study. The audit trail of this study consisted of tape recordings of interviews, transcription of those tapes, interview notes and impressions the researcher recorded after interviewing informants.

Guba (1981) asserted that an audit trail makes it possible for an external auditor to examine the processes whereby data were collected and analyzed, and interpretations were made.

Confirmability

Confirmability emphasizes examining the data to establish that they are firmly rooted in respondents' perceptions (Guba, 1981). That is, descriptions and findings are clearly based in the experience of research subjects and not in the biases,

misperceptions or misinterpretations of the researcher. Triangulation of sources of information and an audit trail of research data, as previously described, were used to facilitate confirmability. Further, the researcher's theoretical biases were noted.

Interviews

The length of interviews ranged from 30 minutes to three hours. Sixteen individuals were interviewed. Two of the therapists were interviewed twice because they were individual therapists for two offenders. Interviews were designed to obtain in-depth information concerning the treatment experience for the offender in the Intrafamily Child Sexual Abuse Program at Broadlawns Medical Center.

Interviews began with a broad question in order to let respondents tell their story. This broad and superordinate question or statement was used to solicit an informational response from informants. The superordinate question prompted offenders to tell their story about their treatment experience. The following is an example of what was said to offenders as the interview began:

> The purpose of this interview, as I explained, is for you to help me get information about what your treatment experience has been like. So basically how I would like to start this off is for you to be able to tell your

story about what your treatment experience has been like for you so far.

The superordinate question for significant others and therapists was what the treatment experience had been like for offenders. The following is an example of what was said to corresponding significant others and individual therapists as the interview began:

> This interview is for me to be able to get some information from you about your perspective on (offender's name)'s treatment experience here at Broadlawns. I know that is real general, but I would like to just start it out that way. What you feel like (offender's name)'s treatment experience here at Broadlawns has been like. After the general question we will go from there.

Responses to the superordinate question provided an abundance of opportunities for examining smaller aspects of offenders' experiences (Spradley, 1979).

As respondents shared their stories, information was summarized by the interviewer and repeated back through an interview technique known as reflective listening. This member check assured that the respondents were understood accurately. The conveyance of this understanding also prompted further elaboration by most respondents. Because people demonstrate varying degrees of verbal ability and

willingness to respond to open ended questions, those respondents who provided insufficient detail to address areas of particular interest were asked the following subordinate questions:

1. What aspect of coming to Broadlawns has been helpful for you?
2. What difference or changes has coming to Broadlawns made in your life?
3. What has not been helpful about coming to Broadlawns?
4. What could be more helpful about coming to Broadlawns?

Significant others and individual therapists were also asked a series of questions that mirrored those asked offenders. Those questions were:

1. What aspect of coming to Broadlawns has been helpful for (offender's name)?
2. What difference or changes has coming to Broadlawns made in (offender's name)'s life?
3. What has not been helpful for (offender's name) in coming to Broadlawns?
4. What could be more helpful for (offender's name) in coming to Broadlawns?

Responses to questions were expanded upon by prompting for examples, elaborations, and clarifications. To a large extent, responses to the superordinate question provided information pertaining to the above questions, but more specific questions were nonetheless asked in order to ensure

respondents had ample opportunity to respond to those areas that were an important part of the research question.

Asking subordinate questions provided information that would not have been gathered if follow up questions had not been asked. For example, some informants concluded their responses to the superordinate question without volunteering more detailed information regarding differences or changes coming to Broadlawns made, or what could be more helpful about having come to Broadlawns.

Informants were interviewed until they finished reporting information they believed was relevant. That is, attention was paid not only to specific responses, but to anything else informants wanted to share. Informants were also invited to call the researcher if they had additional thoughts.

Data Collection and Analysis

After the interviews were conducted and transcribed, they were analyzed using Spradley's (1979) Developmental Research Sequence (DRS). This analytic procedure assists the researcher in developing domains of meaning for the data. The aim of domain analysis is to discern how people classify or categorize their experiences through the terminology they use to describe it (Sturtevant, 1972). Spradley (1979) developed an analytic procedure that defined and examined; 1) cover terms, 2) included terms, and 3) semantic relationships within transcribed ethnographic data.

Cover terms are defined as names of cultural domains, or symbolic categories that include subcategories. The specific names of cover terms are defined in response to recognition of a common theme among included terms. In the present study, an example of a defined cover term was "Helpful Aspects of Broadlawns - Offenders' Views." In the present study, six cover terms were identified. Four of the cover terms were imposed by the subordinate questions. The remaining two emerged during the analysis of data.

Included terms are defined as smaller categories, or subcategories of cover terms. Examples of included terms were: "*The family sessions make me see just how much I have hurt my family*", "*The main things that I have gotten so far that has helped me to change was before I never looked at any feelings, and I really didn't care much about other people's feelings*", and "*After I got into the Extended Evaluation Program, and we started looking at the effects of my perpetration, that is when I started to really feel remorse.*"

Semantic relationships are defined as the conceptual links between included terms and their respective cover terms. In the above example, the semantic relationships between the cover term and the included terms is that the included terms are characteristics of the cover term, "Helpful Aspects of Broadlawns - Offenders' Views."

Descriptors used by informants were analyzed by establishing a hierarchy of levels of cover and included terms. Each descriptor was recorded at one level as an included term. These included terms were then listed under one cover term at the next higher hierarchical level. Six cover terms, or domains of meanings resulted. Four of these were imposed by the researcher and two emerged from the data analysis. The specific process by which this analysis took place is described below.

First, the principal investigator reviewed transcripts of all data without an attempt to evaluate responses. During a second review, the principal investigator highlighted descriptive responses to the superordinate question of investigation and to the four general, subordinate questions.

Second, the principal investigator prepared an unmarked duplicate of the transcript of interviews. This was given to the research assistant with instruction that he first read the text in its entirety. During a second reading, the research assistant was instructed to highlight descriptive responses made by respondents. The assistant was instructed in particular to highlight words that represented responses to the four subordinate questions.

Third, the principal investigator reviewed material highlighted by both himself and by the research assistant, particularly attending to the highlighted portions. The

review of this material resulted in the initial four domains of meaning.

Fourth, a copy of a transcript from an interview held with one of the offenders was provided to the researcher's major professor. The professor highlighted important descriptors and responses provided by the offender. The highlighted material was examined by the researcher for agreement with his highlighting of the same transcript. There was at least 90% agreement in highlighted material between the principal investigator, his assistant and his major professor.

Following additional input from the principal investigator's graduate committee, an additional review of the material highlighted by the research assistant was conducted. This resulted in the identification of two additional domains of meaning.

CHAPTER 4

RESULTS

The major research question of this study was: What was the treatment experience of the intrafamilial child sexual abuser at Broadlawns Medical Center? In addition, the following questions were of particular interest:

1. What changes has the offender made in his life since coming to Broadlawns as reported by the offender, a significant other of the offender, and the offender's individual therapist?

2. What were the most helpful aspects of the Broadlawns treatment program for the offender, as reported by the offender, a significant other of the offender, and by the offender's individual therapist?

3. What were the least helpful aspects of the treatment program for the offender, as reported by the offender, a significant other of the offender, and the offender's individual therapist?

4. What additions or deletions to the treatment program would be useful, from the viewpoints of the offenders, their significant others and their individual therapists?

Four domains were imposed by the research questions. Two additional domains emerged. The emergent domains were "Factors that Contributed to the Offenders' Choices to Abuse Sexually" and "Impact of Sexual Perpetration on Significant

Others." Results include direct quotes from the data to support the inclusion of each domain.

The data are presented in two formats. First, a case by case presentation is made of the perspectives of the offenders, their significant others and the individual therapists for each of the offenders. Following this, an analysis of the six domains is made from a cross case perspective.

Within Case Data Analysis

Case 1

The first offender had a long history of employment in the grocery industry. He remained married and had a goal of family reconstitution following treatment. His victim was an adopted daughter. His wife worked as a nurse. There are several similarities found in responses made by this offender, his wife and his individual therapist. This offender reported that he became more aware of his feelings as a result of treatment. His wife also observed that her husband became more expressive of feelings. The individual therapist initially found this offender to have been very limited in his ability to understand, differentiate and articulate his feelings. Even though the therapist found the offender needed to make substantial additional progress in this area, he did report that the offender had made some improvement. Some of the difficulty this offender showed related to his expression

of feelings was attributed, by both his wife and individual therapist, to a more general limitation in verbal skills and social anxiety.

The offender also discussed his struggle, particularly as related to group therapy: "I felt like I was being picked on, or bashed, or beat up. I wasn't listening to the feedback I was getting." Because the individual therapist was also this offender's group facilitator, he was able to observe the offender in the group setting and made similar observations: "He is another person who has found confrontation difficult to handle."

Several differences were also found among the perspectives of the offender, wife and therapist. This offender described his anxiety as uncomfortable and perhaps not a useful aspect of his treatment. However, neither he nor his wife mentioned that on one occasion, he was placed on program probation during which a meeting was held with his attorney regarding the possibility of the offender's prosecution for the sexual abuse was discussed. Following this meeting, the individual therapist found the increased anxiety prompted the offender to make greater progress in his ability to self disclose, complete written assignments and participate more actively in group therapy.

This offender's individual therapist found the offender to have become more self absorbed as the result of the

feedback he received from other members of his therapy group. At the same juncture in treatment however, the offender reported that a significant aspect of his therapy was family treatment. Following an impactful meeting with his victim, this offender reported that he felt like he had come to appreciate more fully the anguish, pain and anger his daughter experiences because of his abuse. This offender's wife spoke in more general terms. She believed her husband had learned to ". . . take other people more into account. . . ," and to be more sensitive in his interactions with others. This appears to express an increased empathy.

Divergent opinions are found in another significant area as well. The individual therapist reported that during the interim of his sexual abuse, the offender became sexually impotent and did not have intercourse with his wife for over a year. The offender reported that he used a facade of anger to maintain social and sexual distance from his wife, in order to hide from her his impotence. Although this seemed a significant issue and dynamic to the offender, his wife failed to discuss any aspects of their sexual relationship.

Case 2

The second offender of study was also married and abused a daughter. He had been in treatment for about two years. Contrary to the above case however, this offender and his wife were considering divorce.

This offender's wife and individual therapist both perceived him as having been quite manipulative and as presenting a socially acceptable facade to others. The offender best articulated this in his statement: "I had to be somebody for everybody I saw and that was a perception I had. I would look and I would decide who they wanted me to be and then I would be that person."

All three also agreed a more genuine presentation has emerged over time. This man's wife and therapist found him to have employed fewer strategies for social acceptance, in exchange for greater honesty. Both, however, continued to recognize the longstanding nature of these traits. While the offender's wife applauded the greater intimacy she found in her husband's relationship with his mother, she was cautious because she believed he tried to use salesmanship tactics to attempt to convince her of how much he had changed. The therapist also continued to view this offender as capable of pervasive and sophisticated interpersonal manipulation.

This offender, his wife and his therapist also agreed about a beneficial catalyst to his treatment. This offender and another person lived together for about six months. On some evenings, he and his roommate talked for hours about sex abuse issues. The therapist suggested that this may have been the most influential factor in the offender's progress. The offender's wife also made mention of the benefit she believed

her husband derived, claiming that his experience caused him to feel less isolated, stigmatized and more connected with others who had perpetrated similar offenses.

Differences in perspective were found regarding the pivotal point of treatment, when the offender began to truly make change. According to the offender, this took place during one individual therapy session, in which his group therapist also participated. During that appointment, the group therapist confronted the offender about his behavioral and intellectual engagement and conformity to program expectations, to the exclusion of his feelings: "I walked away from that one on one so frustrated and so hurt and feeling just so damn helpless, because I didn't know what to do . . ." The therapist however, identified the crucial point in therapy as having taken place as the result of "responsibility sessions." During these appointments, the offender was confronted by family members regarding his abuse, intimidation and exploitation of them. The therapist believed these appointments initiated the change process, because the offender could no longer shirk or minimize the harm he had caused. While this offender's wife volunteered that she felt both her husband's living with another offender and the responsibility sessions in which he participated were beneficial to his progress, she did not identify either of

them, or for that matter anything else, as a particularly pivotal event in the course of his treatment.

This offender and his therapist appeared to have different opinions regarding significant aspects of the offender's motivation for his sexual abuse. The offender discussed his motivations as having been primarily composed of his need to exercise authority, power and control over his daughter, as well as an attempt to assert his heterosexuality and avoid the accusation that he was homosexual, as was his father. While his therapist acknowledged the power and control motivation, he made no mention of homophobia and believed the abuse would have not taken place had the offender not also experienced a substantial sexual attraction for his daughter. The offender never mentioned this as a significant motivation and the therapist felt like this remained an unresolved therapeutic issue. Still another view of offense motivation was posed by this offender's wife. She expressed the belief that her husband was a sexual addict preceding his abuse of their daughter and cited his history of poor relationships and interpersonal difficulty as symptomatic of this. It was her conviction that her husband's sexual abuse was an expression, or symptom of this addiction.

Case 3

The third perpetrator was employed as a general laborer in a lumber yard. He was not married, but had been married

and divorced four times. This man lived with his brother and sister in law and his brother was identified as the significant other for this research. This offender had sexually abused a daughter from his fourth wife.

Both this offender and his therapist agreed that the combination of individual and group therapy had been beneficial for him. In this case, the therapist found the offender to have been somewhat socially isolated, even in sibling relationships. The therapist felt like both individual and group therapy were treatment modalities which provided support and nurturance, thereby enhancing self esteem. While the offender made similar comments, he added that the monthly relationship group, which was attended by perpetrators and their victims, was the most helpful. This offender's brother became impressed by the extent to which the offender came home from treatment and discussed new insights he had gained about the abuse process: "He has told me things I didn't really realize myself about sexual abuse." The brother attributed the offender's increased knowledge to his group and individual treatment.

This offender, his brother and his individual therapist agreed that the offender was progressing well in therapy. The therapist described him as a very eager program participant who has been willing to improve on his written work even when it has already met program standards. The offender's brother

reported that this man ". . . has come to realize what he done was wrong and he made a mistake and he knows what he did was wrong, and is trying his hardest to make other people realize that he did something bad and that he is wrong and that he made a mistake." The offender himself reported that while he was initially defensive and minimized and rationalized his abuse, he became more honest about his feelings and thoughts and realized that doing so was paramount to making therapeutic progress. This offender and his therapist, in part, attributed his therapeutic progress to the fact that prior to treatment, he had spent about 90 days in prison. The therapist believed a developmental experience may also have contributed to change. He explained that this offender experienced his father as generally abusive. When the offender was hit by a truck and injured, he received the positive attention he had craved from his father. This therapist believed the exception of that positive experience had remained with the offender and somehow enabled him to better use his therapy to affect change while in therapy.

One difficulty this offender had to negotiate during treatment was the schedule for his treatment. He reported that on two days a week, he had to leave work early in order to attend therapy and reported that this excluded him from overtime work. His therapist however, could not identify that the offender experienced any obstacles to treatment.

Case 4

This offender was a man in his early 30's who had contracted AIDS. He was unemployed and receiving disability compensation. He was a professed homosexual who maintained a significant relationship with another male. This offender had abused two boys who were five and twelve years of age.

This offender and his individual therapist both found that the treatment experience had afforded a supportive environment within which therapy took place:

> I would sure hate like hell to go through everything that I have been going through by myself. Because if I had to, I'm sure you wouldn't be talking to me right now. I would either be insane somewhere or be dead. I'm sure of that.

This offender's male partner felt the program coordinator for those who had contracted AIDS had been particularly helpful. She had helped the offender with written assignments and facilitated a couple's group which both men attended.

Improvements in self esteem were identified by both this offender and his therapist. The therapist felt like the offender was less resolved that he was a bad person and that his life must necessarily be that way as well. The offender realized that his outlook was more positive. Even though he had a serious illness, he reported feeling less morbid and

more open to positive interpretations of his experience and the world around him.

This offender reported that he had become more expressive of his feelings. He restrained self expression less often and believed he was less accommodating and deferential to the needs of others. At the same time, this man acknowledged that interpersonal confrontation was difficult for him. His male partner also stated that the offender experienced difficulty with confrontation.

The therapist and male partner concurred that therapy had been difficult for the offender. Both felt like the offender had demonstrated little control, preferring to act impulsively on the basis of emotion. The therapist reported that at times, the offender had become suicidal and very depressed. The male partner felt like therapy was causing the offender to deteriorate psychologically and to occasionally feel like just giving up. In contrast, the offender reported feeling like he was gaining more control over his emotions. He felt like therapy had caused him to reflect more upon his feelings and to behave in a more rational fashion.

Case 5

This offender was in his mid 30's and worked as an auto mechanic. He had cohabitated with a woman for 5 1/2 years. His victims were the two daughters of this common law spouse.

The therapist, spouse and offender agreed that the offender struggled with written work. The offender and spouse felt like this was at least in part due to inconsistent expectations. The spouse expressed her frustration that when her husband had completed written work to the satisfaction of his therapist, his therapy group would find the work unacceptable. The therapist felt like this was a program issue. He believed this offender would have benefitted from a more structured and objective program in which treatment expectations and written assignments were spelled out, perhaps in the form of a program manual, which offenders would receive when they entered treatment.

Both this offender's wife and therapist felt like the offender demonstrated little intrinsic motivation to pursue therapy. They expressed similar views that therapy was progressing less than satisfactorily because this man was doing just enough to get by. Both felt the offender was capable of becoming more involved in his treatment. In fact, members of the treatment team were considering the possibility of removing him from the program for this reason. The offender, however, was unaware that he was making inadequate progress.

Perhaps this offender's perceived difficulty in treatment was also related to the treatment environment. The offender appeared to feel like the interpersonal milieu was not

sufficiently safe nor secure for him to be able to frankly discuss his concerns. At times, he was aware of having restrained himself from sincere disclosure, out of concern that others might confront him or verbally retaliate. The therapist acknowledged that this offender, like some others, had probably received feedback in an unprofessional and inappropriate fashion. The offender's spouse attributed to a particular group, in which survivors of sexual abuse met monthly with offenders. She found the survivors to have been occasionally abusive in their remarks and the tension during these meetings to have been nearly unbearable.

Three different perspectives were found regarding this offender and his personal feelings and empathy for others. The therapist described the most dismal view. He found the offender to be out of touch with his feelings, even to the point that empathy with others was impaired due to affective self alienation. He believed that the recent increase in communication this offender demonstrated with other program participants was beneficial, since it represented a change from the way the offender had previously interacted with men. This offender's spouse felt like her husband had become more expressive of his feelings with her. She found that during the treatment interim, he cried more, was more communicative and less frequently yelled or displayed anger. The perpetrator felt like he had become much more aware of and

expressive of his feelings. He also reported that he yelled less. Contrary to therapist reports, the offender felt like he had also become more empathic. He had at times felt depressed and remorseful for his sexual abuse, particularly when thinking about the harm he had caused and about being apart from his family. In retrospect, he felt like he had treated his children with an excessively arbitrary and authoritarian hand. Now he believed he would handle them with more compassion and understanding.

Case 6

The final offender was a man in his late 20's. He worked for a laundromat, pressing shirts. He had never been married nor had children, but was engaged to be married. This man's sexual abuse victim was the 13 year old daughter of a previous girlfriend.

This offender and his therapist agreed that early in therapy, the offender denied having perpetrated any sexual abuse. He did so because of his fear that acknowledgement would produce more serious legal consequences. The therapist felt like this man began to be more honest when incarceration appeared imminent if disclosure was not made. The offender's fiance also reported that early in treatment, she was denied the truth about this man's sexual abuse.

One of the most appreciated aspects of treatment was the feedback this offender received. He specifically mentioned

the benefit of comments made by group members. His therapist found him to be more than receptive to feedback: "It sounds like he appreciates all the feedback he gets, at least he says he really appreciates it and that it makes him think."

This offender, his fiance and therapist agree that this man is developing more healthy ways to relate to others. The therapist reported that in the past, the offender had misused sex as a tool for personal gratification. A transition was noted in which this man had instead improved the quality of his relationships through more honest communication and self disclosure, particularly about personal feelings. The offender assessed himself as more disclosing, although he said nothing about the role of sex in his relationships. His fiance described their relationship as going well.

Across Cases Data Analysis

Domain: Changes the Offender has Made

As respondents told their stories about what the experience of offenders in treatment was like, changes in offenders was discussed. This domain includes those characteristic descriptions of the differences or changes that seemed to have resulted in the life of offenders as a result of their participation in treatment at Broadlawns.

Offenders' Perspectives

All offenders stated that they believed that they have changed since they began treatment. Most of the offenders

mentioned that in the beginning of treatment they either denied their sexual perpetration or minimized the seriousness of it or both. It is common for offenders of sexual abuse, who are in the beginning stages of treatment, to have difficulty taking full responsibility for their offenses. Minimizing or justifying one's perpetration allows offenders to reduce the guilt associated with the perpetration. A result of minimizing can be that offenders begin to believe the minimizations that he creates. Thus, it becomes easier to continue to molest.

> Offender: I was doing a lot of minimization of my abuse. I didn't realize that I was minimizing and only later as I really started working on things did I see the minimizations that I was doing.

All offenders mentioned that the program has helped them with their feelings. Their comments suggested that over time, they have become more aware of their affective state from moment to moment, that they have been able to express previously unresolved or unexpressed feelings and that through this process, they have reduced their degree of intrapsychic conflict. Increased capacity to emote, to communicate honestly feelings, and express thoughts have been perhaps the biggest changes they experienced while in the program.

The following comments demonstrate how the program has helped one offender understand, accept, and express his

feelings. He was molested as a child and he had a lot of unresolved feelings about being a victim. As he was able to learn about feelings and the importance of taking responsibility for his perpetration, he was able to accept that he was not only a victim, but was also a child molester.

> Offender: As time went on, I became more aware of my feelings. One thing I have to really give to the program is that I am able to feel now, express my feelings in an appropriate manner and know what my feelings are exactly. I have probably two feelings, anger and okay, but there were a lot of other feelings underneath all of that that were too painful to look at. With the help of the other group members and the counselors here I have been able to work through a lot of my problems dealing with my own feelings and emotions and come to grips with being the child molester that I am. I also understand my feelings now more than I ever have in my entire life, and I respect how I feel. It has been really positive.

Offenders also experienced an increased ability to listen to what other people said and to care about the feelings of others. It seemed that these skills have improved their relationships with family members as well as with people in general. Some offenders said that for the first time they

have been able to develop genuine and honest friendships. It appears that interpersonal skills have increased as offenders have become less controlling in their relationships. Offenders experienced diminished preoccupation with sex and more willingness to allow themselves to become vulnerable by sharing their thoughts and feelings with others.

Offenders' comments suggest that therapy has caused them to develop empathy for their victims. Preceding therapy, offenders did not understand nor realize how their offenses could affect their victims. Conjoint therapy sessions with victims also contributed to increased empathy.

> Offender: Just meeting with my victim just a little bit ago, some of the questions she asked really opened my eyes as to just how much I have hurt her, the pain I have caused her, the anguish that she is still going through because of me. I am having some family sessions with my victim and the rest of my family. Not only did I sexually abuse my daughter, I was also verbally abusive towards the rest of the family. These family sessions have helped me see just how much I have hurt my family, how much I have hurt my daughter. This has been a big help for me. Getting started in family sessions has been a big help.

These comments suggest that the family sessions have helped him understand the impact of his abusiveness on not only his daughter, but the entire family. He seems also to have an agenda to get back with his family.

Learning about the potential effects of sexual abuse on victims was sobering and depressing to some.

Offender: . . . thinking about my abuse has caused me quite a bit of depression on my part . . . knowing I hurt her daughters like I did, that is what is disturbing me and causing depression.

Most offenders made comments that suggest that therapy has helped them feel better about themselves. For example, they discussed how they are better people. It was apparent that offenders believed that they had acquired an improved ability to communicate with others and had become more adept at recognizing and expressing their own feelings appropriately. Their words suggested that therapy helped them be less concerned about getting their own way, and more concerned about being sensitive and understanding to the needs of others.

Significant Others' Perspectives

Most significant others described improvements in offenders' abilities to express feelings. Many significant others observed that offenders were able to communicate with them better because offenders had improved in their listening

skills and had accepted helpful criticism without becoming as easily upset.

Observed changes centered around the development of desirable personal qualities. For example, it was indicated that some offenders were less defensive, more humble, insightful, sensitive, responsible, and mature. Offenders were also described as more assertive and more receptive to comments and suggestions.

Significant Other: I think my opinions have changed over the course of time and what I feel today is not necessarily what I felt at another time. I think that the treatment experience has been valuable for him in helping him understand his problems, to recognize them, to identify what was going on in his life and why he had the problems that he did and to help him to make the necessary changes so that he could get on with his life. I think that the treatment experience has been very valuable for that reason. I think it has been a difficult journey. I think that some of those things were really difficult for him and therefore difficult for me to watch along the way. . . . I think that over all a better person comes out of the program than went in. But I think he is probably changed in some other ways. I think he probably has a greater lack of

self confidence in some ways than he did before or maybe it is just an awareness of it. Maybe he wasn't really in touch with his feelings to the degree that he is now. He always seemed in the past to be real sure of the path he wanted to take. If he made a decision, then he was going to stick to it and that was the way to do it and his way was the best way and only way kind of thing. Where now I think he is a little less sure of himself and I think that anyone that has had the experience, whether they went through the treatment program or not, of having been arrested for a terrible crime is going to be terribly changed by that. I think it is appropriate for somebody to have unpleasant consequences for doing bad things. That is just the consequence of the actions, and so I do not blame the program or anything else that way. . . . I'm not talking strictly about, yes, they are better because they are probably less likely to go out there and be a offender again, but I think that they are better people because they have much more insight into their own feelings and other people's feelings and what motivates people to do the things they do. Most of the offenders are not equipped with that kind of knowledge, I don't think, going in, and that

> is one of the things that makes them be better people. By the time they leave, they have had that opportunity to share each other's experiences and so I think they have more of a knowledge base or whatever. . . . I think he is just a hundred times better person than he used to be and he used to be a good person, but as far as him being more insightful and more sensitive, more feeling, I think he has grown leaps and bounds.

The significant other quoted above did not naively attribute all of her husband's changes to his involvement with the treatment program. She discussed how the legal consequence of his being arrested impacted him. The implication is that being held accountable for their crimes can help offenders begin the process of change. Experiencing the embarrassment of being arrested and the fear of incarceration can perhaps decrease an offender's facade of confidence and help him be more receptive to changes he may need to make.

One significant other expressed that she did not know much about the program nor was she aware of any changes in the offender as a result of his participation. Another significant other stated that the offender was more frustrated than he was several months earlier. He attributed the frustration to the offender's involvement in the program.

In sum, it appears that significant others have a variety of views about the impact of the treatment program upon offenders. Even among those who observed many positive offender changes, there were observations of less positive changes. Some observed either no changes or only apparently negative ones.

Therapists' Perspectives

In the domain "Changes the Offender has Made," therapists indicated that they associated helpfulness of Broadlawns with positive changes in the offender. Therapists commented that it was helpful for many offenders to recognize how their preoccupation with sex was used as a way to meet their personal needs in an inappropriate way.

> Therapist: The recognition of his inappropriate use of sex and sexual behavior and intimacy to meet his personal needs has been helpful to him.

Therapists also believed that most offenders were developing healthier and more satisfying relationships with other people as a result of improved relationship skills. The group therapy aspect of the program was especially useful in providing the offenders an opportunity to develop relationship skills.

> Therapist: He is interacting much more now with men on an open basis in group, and I think that has been very helpful to him. Being in the military, he

has told me that he just doesn't have any opportunities to really interact in an emotionally open way or even a particularly honest way with other men so that has been a big change, just having the opportunity to do that.

Researcher: Okay. You mentioned that he is more open with men than he has been in the past and that has been because of his experience with the other offenders in the group that he is in.

Therapist: Right.

Researcher: Are you suggesting that he is more emotionally honest with men?

Therapist: Somewhat. I think he is learning to be. He has got a long, long way to go, but I think that has been a change.

It is not surprising that a prominent theme regarding changes the offenders have made centers around relationship skills. Many offenders have poor relationship skills. A key component in sex offender therapy is to help offenders to develop and practice relationship skills (L. S. Fox, personal communication, April 6, 1997). Group therapy is a useful medium to accomplish that objective. It is also not surprising for therapists to observe that offenders were learning to be honest with their feelings, but that they required much more progress. Deficits in interpersonal

relationship skills develop over a life time. Improvements are therefore frequently slow to emerge.

Changes in relationships may be precipitated by one person, but will often result in changes in the other person. The following comment from one of the therapists illustrates the cybernetic nature of change in relationships.

> Therapist: I think his relationship with his wife is changing, not just because he is coming here but also because she is coming here. I think she is certainly not over functioning for him quite so much and he is maybe recognizing more of the dysfunction in that relationship, so that relationship is changing for the better. He is recognizing himself more as somebody capable of abusing others.

This observation suggests that treatment at Broadlawns not only resulted in changes in the relationships of offenders, but changes in offenders were also enhanced when significant others were able to be actively involved in the treatment process.

All of the therapists discussed how the offenders had made changes in their personal lives. Some offenders had made more changes than others. Most therapists observed that offenders became more accountable for their abusive behavior and became more empathic with their victims.

These observations are consistent with Broadlawns treatment goals.

Domain: Helpful Aspects of Broadlawns

This domain includes the aspects of coming to Broadlawns that were helpful for offenders. Helpfulness is defined as the catalytic elements of the treatment program that produce positive changes in offenders. Helpful aspects also include how respondents considered the treatment at Broadlawns useful in helping them deal with the effects of perpetration.

Offenders' Perspectives

As mentioned above, offenders learned to understand and express their feelings and to care more about the feelings of others. Different offenders learned this in different ways. One offender mentioned how the Extended Evaluation Program helped him to start to "really feel remorse" because it focused on the effects of sexual abuse on the victim(s). Other offenders referred to the family sessions as helpful in understanding the impact of their perpetration upon victims and other family members.

Some offenders stated that the relationship therapy group was helpful in understanding the feelings of adults who were sexually abused as children.

> Offender: I'm very uncomfortable in the relationship groups. I still am. I value the feedback and through their feedback I was able to

> see the pain that they have experienced, the terrible abuse that they have went through and how they are coping with it. It has taken some of them years to be able to cope with their abuse. I feel that my victim will never be able to get this out of her mind. This is something that will be with her the rest of her life and it will be with me the rest of my life. I can never forget it.

Some offenders felt strongly that the relationship group with former victims was an important experience in being able to develop victim empathy. Offenders were able to see the pain and anguish in those who had been abused.

An autobiography required by the program was also considered beneficial in helping the offenders understand how their feelings have been influenced by their life experiences. "The autobiography has been very, very beneficial with me to be able to go back and look at my life and put my learning experience with understanding my feelings." The insight gained by the offenders in examining how their past experiences contributed to their personality was considered helpful. The autobiography seemed to assist some offenders in understanding how their thoughts and feelings had developed over the years.

Other comments indicated that the offenders considered the feedback they received from their therapists and group

members to be helpful. For some, it was helpful to receive the feedback in a confrontational fashion. Being confronted seemed to help some offenders become more receptive to what was said to them.

Significant Others' Perspectives

One significant other observed that requiring offenders to move out of the home, have no contact with their spouses and children, and to be involved in individual therapy while spouses and children independently attended therapy was very important and helpful. She appreciated that the program eventually reunited family members after "you get yourself kind of squared around."

> Significant Other: Well it got to the point where I went in to my therapist one day and we were talking about what had happened. I don't remember exactly what it was, but obviously there was a no contact order between he and the kids and I am the one caught in the middle because he and I still had contact and so I am torn between the kids who want my attention and him who still needs my attention and needs my support and was still using me as a crutch in the beginning. I walked into my therapist's office one time and said. `Gosh it would be nice if that no contact order applied to me too.' And boy they picked up on that and just immediately

> said, `We can do that.' The therapists, my husband and I got together and decided to do that. It was initially going to be for a month and it ended up being six or nine months. I don't think they had ever done that before. That is really what it took for me to be able to break away from him. The control that he had over me was just incredible, the way he had me feel dependent on him. It just took an absolute total break to help me get away from that and quit focusing on that. It was one of the best things that ever happened. It really let me just concentrate on me.

Sexual abuse results when a person uses his or her power over another person. The offender uses his position of authority, age, physical strength, or verbal manipulation to take advantage sexually of another person. A sexual offender may use his power to be abusive in other ways. It was obvious from the above comments that the offender was controlling of his wife to the extent that she did not fully recognize it until she was able to have some separation. The separation of marital partners in cases where the husband has sexually abused, though difficult, may actually promote more psychologically stable and independent people. If the partners subsequently decide to reunite, they may be more

likely to have a satisfying relationship with the absence of emotional abuse.

Beneficial aspects of offenders' treatment experiences at Broadlawns included the support the offenders have given each other, the friendships that developed among them, their meeting on their own to discuss assignments and issues, and realizing that there are other people that have sexually perpetrated. The comradery that developed between many sex offenders greatly reduced their sense of isolation. They recognized that other people have committed similar crimes, and that they can help each other to feel better about themselves and make healthier choices in the future.

Therapists' Perspectives

Therapists emphasized that exploring offenders' life histories was important because it provided insight into events and relationships that may have contributed to eventual choices to offend sexually. Another helpful characteristic was that the treatment process and fear of going to prison helped most offenders to assume more responsibility for their actions.

Throughout all aspects of treatment was an emphasis on the harmful effects of control of interpersonal relationships.

> Therapist: I think the whole structure of our program and getting him to look at the control issues has been a great help to him. I guess it is the control

> issue is a major one for [offender's name] as I see it and our program is structured to really look at and deal with that very clearly. . . . our expectations, or one of the items in the whole program that we really expect people to look at, how they control everybody around them so they could abuse.

According to therapists, the therapy experience was fraught with difficulty for many offenders. Some were initially reluctant to engage in treatment. However, as offenders participated more actively in the program, they were able to explore necessary and painful issues. Acknowledging hurt from the past and resolving these psychological wounds was considered helpful.

Finally, the concurrent use of the two treatment modalities of individual and group psychotherapy was viewed as necessary. Each modality made unique contributions to offender change.

Therapist: I think the combination of the group treatment and the individual treatment is important for these men's self respect in that generally they don't have friends. . . . The individual therapy gives a chance to not only look at the confrontation but also some nurturing which these men need and the group also provides an opportunity for mutual

support which they don't get otherwise and this will do a lot for their self esteem.

Domain: Unhelpful Aspects of Broadlawns

This domain includes findings related to what has not been helpful about coming to Broadlawns. Just as some program elements have been observed to be helpful, there are some which have been identified as counterproductive. These are presented below, from the perspectives of the participants.

Offenders' Perspectives

Several program components were considered not helpful. It was reported that assignment expectations were not clearly defined and there was too much disparity between therapists' understandings regarding successful completion of an assignment. Consequently, there was some confusion about what was expected with a given assignment, and uncertainty about how the offender was progressing in the program. Most offenders expressed frustration concerning the excessive time that was required to present successfully their autobiography in group therapy.

Some offenders revealed a concern about verbal harshness. Two offenders reported that relationship group was not helpful when the survivors seemed to lash out at offenders. Some offenders made it clear that they believed the confrontation from other offenders and therapists restrained some offenders from more active participation in group therapy. The marathon

group session was also described as excessively confrontational.

Without exception, offenders indicated that they had withheld information from their group or individual therapists. One likely reason for the restraint was a concern that disclosed material might be used as justification for retaining offenders in the program longer.

Offenders also feared their disclosures would prompt unwanted responses in other group members. One offender was afraid that his physical safety might be in jeopardy if he disclosed certain information in group.

> Offender: Our group, we go a lot of times out into the parking lot and talk for half hour to two hours on issues and stuff that never got brought up in the meeting. A perfect example of that was the fellow who was not living where he said he was living and it was like this collaboration of all these offenders who were concerned about this guy and not the victim. So we wait a month. He was living a block away from where his victim was living. I didn't know that. If I'd known that, it really shouldn't matter, but I was scared to tell. The group members didn't want me to tell. One of them didn't like me. He is big and you never know.

This offender also felt intimidated by another offender. Despite these feelings, he eventually disclosed the living situation of the other offender during a group therapy session. It seems that it is difficult for offenders to "tell" on each other. It is possible most group members felt it important for the offender himself to reveal where he was living. Other offenders may have wanted him to tell, but they did not want to tell on him. Another possibility is that this example demonstrates that all group members may have honored the notion that treatment noncompliance by one member should not be revealed by other members. Enforcement of secrecy through intimidation or other misuse of power is also suggested.

Not all offenders felt that confrontation was unhelpful. Even though offenders said those entering the program would say little out of fear of verbal beratement, this concern did not appear to be as much a criticism as an expression of a common experience.

Pragmatic considerations such as difficulty in finding parking and arranging time off from work were identified as not helpful. The cost of treatment was also cited as a treatment liability.

Significant Others' Perspectives

Many comments of significant others similarly concerned financial difficulties and the conflict between offenders'

work schedules and therapy appointments. These are not surprising, since significant others were impacted by the loss of revenue from offenders.

Some significant others complained that the program had vague expectations for assignments and length of time for family reunification and completion of treatment. Some wondered if the treatment program was longer than necessary. One spouse observed that relationship therapy group was not very helpful because some of the survivors verbally attacked offenders and because she did not need this group treatment.

One significant other complained that offenders' feelings were invalidated and that group members and therapists expected to hear only what they thought offenders "should" feel. This significant other believed that treatment was causing more problems at home than it was solving. Interestingly, the corresponding offender did not voice similar concerns. One possibility is that this couple experienced communication and relationship difficulties. This significant other may have scapegoated the treatment program for some of the couple's interpersonal difficulties.

It was stated that an unhelpful aspect of Broadlawns was the expectation that the perpetrator needed advanced verbal skills.

Significant Other: I feel the program is dependent upon hearing from people's mouths information. They

> are dependent on that person's verbal skill and so people are judged on their verbal skills more than on who the people really are. If they have a gift of gab then they can have a great deal of success in the program as opposed to somebody who does not, and that has been his greatest problem. It has been in not being able to put into words the things that people want to hear. Not necessarily because he is any worse of a person than any of the other offenders there, but because he doesn't have the verbal skills.

This significant other did not know of means other than offender verbalization, to evaluate offender progress. However, she believed that the emphasis on verbal skills or the ability to say the "right" thing has its limitations, and sometimes is irrelevant to how the offender is really doing and feeling.

Therapists' Perspectives

Therapists had difficulty identifying unhelpful aspects of Broadlawns. One therapist could not identify any unhelpful aspects. This might suggest that treatment providers do not possess the degree of introspection they expect of their clients. It might also suggest that they are more invested in the status quo of the program, because the program may have been designed by their administrative superiors or because

significant changes could result in changes in job descriptions or personnel.

One therapist indicated that some confrontation was more of a personal attack than intended for therapeutic benefit.

> Therapist: I would say there have been moments where offenders have been confronted by either staff or other clients where there has been more of a personal attack which hasn't necessarily been therapeutic.

This observation is consistent with those made by both offenders and significant others. It suggests that even if a personal attack is unintended, it can cause widespread and detrimental effects.

Another comment made by a therapist concerns the expense of therapy. This is similar to offenders' and significant others' complaints. Program expense likely causes a financial burden for some offenders. Financial difficulties can contribute to stress, while stress can contribute to an offender's motivation to molest. It may be important for many offenders to learn to manage more effectively and responsibly their financial affairs.

One therapist observed that an offender had perhaps become overly dependent upon the treatment team and other professionals at Broadlawns for support, suggesting that such dependence was not helpful for him. It may be important for

providers to be careful to avoid creating excessive dependency of offenders upon therapists. It is also possible that some offenders have dependent characteristics that become expressed in the treatment program and complicate therapeutic change.

Domain: Ideas on What Could be More Helpful About Coming to Broadlawns

This domain includes those characteristic descriptions of what could be more helpful about coming to Broadlawns. This includes suggestions for improving program accessibility and effectiveness.

Offenders' Perspectives

One suggestion was that therapists ask offenders how they feel about the progress of other offenders who are released because they have apparently achieved "maximum benefit." Since many offenders had more contact with each other than with therapists, they may be able to provide useful information concerning the progress of an offender who may be released from the program. Most offenders were opposed to the release of others who had not fully accomplished program expectations.

> Offender: I feel that there have been an awful lot of guys in my group come and go recently. . . . I'll admit they probably weren't going to make it through any way, but I think if they possibly had a chance to work on some issues or talk about some

> issues or do assignments or maybe get more in touch with everything, that they possibly might still be here and be able to work their issues and things like that rather than reoffending or just going to jail and not taking care of much of anything and getting out in a year or five years later and probably reoffending. . . . If you have someone that you are about ready to release because you say `well he has received maximum benefit, we can't do anything more for him,' it may not be such a bad idea to ask the other group members, the other offenders what they see, how they feel. . . . Usually your offenders that are in here working hard can tell you the ones that aren't working and the ones that are just sitting out there taking a ride so to speak.

The desire of offenders to be asked their opinions regarding readiness for release could be interpreted as a desire to be helpful. The motive for the offenders to give their input might be genuine concern for people who could be victimized by an offender who has not made adequate gains in treatment. It could also represent an objection to the perceived malingering of a fellow program participant. Finally, this interest might express the excessive control that often accompanies sexual offenses.

Offenders also added that it would be more helpful if treatment expectations were presented at the beginning of the program. Offenders also suggested that the program could be more consistent across therapists regarding acceptable completion of assignments. These comments might reflect an attempt to avoid responsibility for progress by externalizing deficiencies onto treatment providers. Similar suggestions by the therapists themselves, however, seems to legitimize these suggestions.

Offenders also suggested improvements regarding processing of the autobiography, since this takes too much time to accomplish in group. One offender suggested that it may be more efficient to review autobiographies in individual therapy, followed by presenting only salient excerpts to group. Alternatively, autobiographies could be submitted to individual therapists for review and subsequent discussion in either individual or group settings.

Offenders suggested that Broadlawns needs to expand the parking lot. They also suggested that therapists be punctual to start groups. Therapists do not effectively model consideration and responsibility when they are late to their own session. Offenders suggested hostility in group therapy be kept to a minimum. Name calling and raising of voices was interpreted as excessive. Perceived hostility limited offenders' willingness to be open and honest in group.

Significant Others' Perspectives

Significant others suggested that the offenders should receive more details regarding assignments. The program should be more accurate in describing the anticipated length of treatment. Further, therapy sessions should be held during evenings because daytime appointments cuts into working time. It was suggested that treatment be shorter and home visits begin sooner. Some felt it would be more helpful if offenders' feelings were listened to more effectively, and dealt with more considerately.

Some suggested that it would be more helpful if there was an increase in informal meetings and facilitation of the development of friendships among offenders. Gatherings in offenders' homes with food, casual conversation, exchange of opinions of the treatment process and discussion of assignments should be increased.

A significant other said, "We are working real hard after the fact, but I don't see them (the professionals) working real hard where they can stop it (sexual offending) before it starts." She made this comment out of a concern that her son, whom she perceives as modeling dynamics similar to his sexually offending father, has not received adequate treatment and may not receive it until he sexually abuses. This comment suggests that the program may be more effective if it provides more treatment to nonvictimized children of offenders. It was

hoped that such treatment would lessen the risk that these children would grow up to molest sexually.

Therapists' Perspectives

Another theme concerned the need for consistency in measuring offender progress and administration of consequences for the lack thereof.

> Therapist: I think we need to have a more unified program that we can present to people, offenders, so that there is a little more predictability and structure. . . . I think it would be helpful if the assignments and the expectations were written down and handed to them the first day so that it is very predictable so that they can't blame anybody but themselves if they fail to live up to the requirements.

It is common for offenders to think in ways that lead to avoiding responsibility. One common thought is to blame other people or situations for personal lack of progress. Therapists' suggestion that the treatment program develop a more formalized structure may be predicated upon the notion that this structure would increase offender responsibility.

Therapists frequently observed that some offenders appeared lacking in sufficient motivation to make necessary changes. They suggested that prognosis might be improved if these offenders had virtually daily treatment or a residential

facility in which they would receive treatment. One therapist suggested that the shock value of brief incarceration might motivate some to work harder.

Therapists also identified the potential benefit of greater treatment involvement of family members or people who were close to offenders. In this study, it was found that none of the nonspousal significant others participated in the program.

Therapists had different views on what could be more helpful about coming to Broadlawns. Two therapists thought it might be helpful if offenders whom they treated were to have a therapy session with corresponding victims to apologize and accept responsibility for the abuse.
However, another therapist was not sure whether such an apology session would have been helpful. One therapist thought it would be helpful to use other techniques, such as psychodrama - something other than just talk therapy - to access deeper feelings within offenders.

Comments suggested that therapists were interested in focusing on individual therapeutic needs of offenders. For example, some therapists felt it was important for offenders who had been sexually abused to reveal and discuss the abuse. They thought it would be beneficial to involve abused offenders in a group for that purpose. It was also suggested

that psychological tests be readministered when personal presentation was quite discrepant from test findings.

Domain: Factors that Contributed to Offenders' Choices to Abuse Sexually

This domain includes factors that contributed to offenders' choices to abuse sexually. These may represent internal, motivational, historical, as well as external, relational, environmental factors and factors of opportunity.

Offenders' Perspectives

Sexual perpetration is a behavioral choice. An important component of treatment for sex offenders is for them to be able to identify the factors that may have led to those choices. Offenders' comments suggested they gained insights into their choice making processes.

> Offender: My verbal abuse was such a big thing in my family. I was so abusive to the whole family. There was such a power struggle between my wife and I and my stepson. This is a second marriage for both of us so I did have a big power struggle there. I felt that I should be word in the home, my way or no way. I had a big problem with that, my way or no way. I would argue with my stepson and he would say, `You are not my dad. I do not have to do what you say.' This created a bigger problem because the more he resisted, the madder I got and more

> demanding and louder and the swearing and the name calling. It created many, many problems. I calmed down then by my sexual abuse with my daughter as I was having fantasies about her and carrying out my fantasies by abusing her and this went on for a period of a year. To cover up my abuse, I would use anger. Having a feeling of impotency with my wife, I kept her at arms length and she was keeping me at arms length. I feel to cover up, I would pick a fight with her so I wouldn't have to face my issues or problems. I couldn't talk to her about what was going on. I didn't tell her. I wanted to keep my secret of being impotent. I wanted to keep my secret of my abuse of my daughter. With all the anger, it just totally disrupted the family and it was all my fault.

It is not uncommon for sexual offenders to be guilty of other types of abuse such as emotional and physical abuse of partners and children. Often times an insecure person who feels powerless will abuse in order to feel a greater sense of control. In the above example, it appears that the offender was feeling a sense of powerlessness in his relationship with his wife and stepson. He responded to feeling powerless by being more angry, demanding and verbally abusive.

The feelings of powerlessness that this offender experienced may have also contributed to his choice to abuse his daughter sexually. This man's daughter was less capable of rejecting him. He knew that sexual abuse was wrong, but to think that he could do it and perhaps not get caught likely created a sense of excitement and feelings of being powerful. Apparently, this offender's impotence in his relationship with his wife contributed to his feelings of powerlessness. He was impotent with his wife but not with his daughter. Thus, this man's impotence was likely psychosomatic, perhaps in part due to marital relationship problems.

All offenders who were fathers acknowledged how they acted inappropriately with their children. Perhaps their comments were influenced by the fact that all of them were unable to live at home with their children at the time of their interviews. It seems that they were able to appreciate their children more when they were forced to be away from them.

> Offender: When I had my Christmas visit my son wanted to show me all of his trophies. He wanted to play his trumpet for me and let me hear that. He wanted to be around Dad. He wanted that acceptance. The thing that triggered in me was remembering back when he was five or six years old and I was still in the house. He did those same kind of things then. He wanted that acceptance and

> I just minimized the hell out of it. I couldn't do it. I'd say, `Oh yeah that is nice' and that was all. Then I would do what I wanted to do. I'd pay attention to what I wanted to pay attention to. I would pay attention to my daughter when I was trying to set her up so I could abuse her. I'd ignore everybody and watch a football game - do what I wanted to do.

The above comment illustrates how unable or unwilling the offender was to be sensitive and kind in his interaction with his son. The comment suggests that the offender was being open and honest about how he treated his son because he frankly acknowledged his impropriety.

To abuse a child sexually requires that the offender either not think or not care about the impact of the offense on the child. This offender used his daughter as an object in an effort to gratify his own desires. The above comment illustrates the offender's egocentric and hedonistic perspective during the time he was offending, in that he paid attention to his daughter merely to help set her up so he could molest her.

Many offenders in the beginning stages of treatment state that they do not understand why they chose to molest. They are aware of society's abhorrence for sexual abuse, and some of them feel disgust over their perpetration. Unfortunately, their feelings of disgust contribute to feelings of depression

and hopelessness which, in turn, contribute to their choice to reoffend sexually. Such a cycle is not uncommon for many offenders.

> Offender: In the past when extremely emotional highly charged issues would come up, rather than being able to deal with it in an appropriate manner by either talking with a counselor or working out the problems I was having with someone else, I would act upon my feelings of extreme depression and guilt. Just feeling really bad, low self esteem, all of these were all tied together and I would need kind of a fix to feel good temporarily. One of those fixes for me was to act out and be a child molester so I felt at that time during those times I did not have control of myself because I didn't know exactly what was going on and rather than acting appropriately by talking to somebody, I would just react instead. That, in the long run, has put me here.

It seems that sexually abusing a child is a means by which some offenders are temporarily able to experience a "rush," just as drug abusers often experience a rush when they are taking drugs. Similarly, the rush ends when the offense is over. At that point, offenders often have feelings of

depression and self hatred, which leads into acting out again. Thus, the cycle continues.

Feelings of powerlessness, depression and low self esteem are often related to the offenders' own victimization issues. Many offenders have been emotionally, sexually or physically abused as children. Some offenders attributed the abuse they experienced as children as a motivation for their subsequent abuse of others.

> Offender: My mother asked me one day what I was thinking about, like most mothers do. I told her I was thinking about killing myself and the next thing I knew I was in treatment. I would say my emotional problems started way before that, probably before age five, because my earliest memory of myself being abused is around age five or before, by my father. I think that is what started a lot of my emotional problems. They just escalated and built up and got worse over time. That is where I was at age fourteen. By that point in time I was to the point of ending it all because everything seemed hopeless and there was no answer in sight.

The abuse this offender experienced certainly contributed to his emotional problems and those problems appear to have contributed to his choice to offend. His sense of being overwhelmed and powerless during childhood and adolescence

became an impetus for sexual abuse during adulthood, as a means to overcompensate for these feelings. It is possible that this man's own victimization experiences also created or enhanced his sexual attraction to boys, since boys were his victims. Perhaps this man's need for nurturance from a male role model caused him to choose male victims, hopefully to gain from these children the nurturance of which he was so deprived when he was their age.

Significant Others' Perspectives

Comments from the spouses suggested that personality characteristics could possibly be related to offenders' choices to offend. While these characteristics did not cause offenders to molest, they may have contributed to the choices to do so.

> Significant Other: He, by nature, is very proud of himself. I think that is part of the illness. He just wants to project this image to people. I can see that he has done that even to me with this program because he is always telling me about the progress he has made and how good he is doing. . . . He was one, and I saw it from the first month that we met, that could talk anybody into anything. He could manipulate. It was masterful in a bad way. It is scary to look back on.

The offender husband had sexually molested his daughter. He used his interpersonal characteristic of persuasion to manipulate and take sexual advantage of her. This man's communicating to his wife about the progress he was making and how well he was doing in the program perhaps was related to an ongoing habit to manipulate people in order to get his needs met. In this case, the offender's wife was considering divorce and that was not something he wanted.

The spouse pointed out how her husband is very proud of himself. He may have a narcissistic self focus that prevented him from being able to recognize how his abuse of his daughter hurt her and others. In addition, his desire to provide an unrealistically positive image of himself to others may represent an overcompensation of his own insecurities and dependencies. Thus, abusing his daughter may also have been an attempt to experience such acceptance.

Another significant other made the following comments regarding a personality trait that seemed to relate to her husband's abuse of their daughter:

> Significant Other: I think that back before it was known to us about the abuse and stuff, that he was getting to be more difficult to live with and he was real rigid and I didn't identify it at the time. I hadn't put a name on it but I think as he was working in therapy and one of the things they had

> him begin looking at was that he might tend to be passive-aggressive and once he began talking about that, it kind of fit for me to say, `Oh, that is what I was seeing happen there.' I never put a name on it, but I think some of those behaviors that had become a part of his personality at that time were probably passive-aggressive and that was real frustrating for me.

The offender's passive-aggressive behavior described above seemed to be most prominent while he was molesting his daughter. Perhaps his anger and frustration about his perceived lack of control over his stepson and wife contributed to his abuse of his daughter, as an attempt to retaliate. This man's wife stated, "He may have thought he wasn't behaving in the most appropriate manner, but I think that he frequently justified his behavior because he thought he was the man of the house and he wasn't getting his way." This man's sexual abuse may be conceived of as a passive-aggressive act against his wife because of his frustration over what he perceived to be her lack of support.

No comments were made regarding factors that contributed to offenders' decisions to molest from the three significant others who were not spouses of offenders. Perhaps this was due to the fact that two of these significant others did not know their partners at the time of offending.

Therapists' Perspectives

The therapists pointed out that sexual attraction to children was a significant contributing factor for sexual abuse.

> Therapist: He is sexually attracted to children and he is able to distort reality to the point that he is able to abuse children and will cross that boundary, cross that line, and has done so on at least two occasions.

Offenders were not as directly open about their sexual attraction to children, although some offenders acknowledged fantasizing about their victims. There was also an openness from some offenders that their excessive focus on sex and equating sex with love contributed to choices to cross boundaries and molest children. According to one therapist, however, there was at least one offender who had resisted the notion that he was sexually attracted to his victim or children in general. The following comment illustrates the distortions this offender employed to justify abusing his daughter.

> Therapist: He has always seen his sexual abuse of his daughter in terms of his efforts to control her and how he had sex and love confused in his mind. In his view he thinks, my impression is that he believes, he sexually abused his daughter when at

> the moment she seemed to be pulling away from him because of just normal developmental phases she was going through. She was doing more things with her friends and pulling away from her family so one of the ways he tried to maintain a connection that they had was by trying to engage her in a sexual relationship. In trying to do that, he realized at some point that she wasn't interested in that sort of thing so he just decided to use brute force, basically, and that is what he did. That is how he explains it. So he has never really said, `I was sexually attracted to my daughter and therefore I decided to sexually abuse her.' It is more like, `I had these other things I wanted, connection with her, a feeling of being loved by her, so I decided to use sex as a way to get it.' Whenever issues of sexual attraction to children in general have come up, he has always kind of denied that. I haven't talked to him about that recently. He might be a little more open to talking about that.

According to the therapist, lack of forthrightness regarding attraction to children might be partly due to the views of abnormalcy and deviance with which society views these feelings. The sexual attraction of some offenders to their victims may be more circumstantial than universal.

However, many offenders are attracted to children throughout their lives, and the key for them is to learn how to restrain themselves from acting on that attraction.

Therapists also reported that individual and relationship problems of offenders may have been contributing factors. These difficulties may include lack of empathy, poor self esteem, low impulse control, affective self alienation, control issues, depression and offenders' own unresolved issues of having been sexually, physically, or emotionally abused as a child.

Domain: Impact of Sexual Perpetration on Significant Others

This domain is defined as the impact of sexual abuse and its' concomitants upon the lives of significant others. Some of these effects are pragmatic and related to changes in family life resulting from the predictable removal of offenders from their homes. Some of these are the less tangible but more profound emotional impacts.

Offenders' Perspectives

One offender described a more emotional impact of his behavior:

> Offender: She was totally devastated. She had a nervous breakdown. This was all during a time between the time my stepdaughter disclosed and the time I went to court. She went through a lot and several times

she would come over to talk to me and she would be standing there and she would be shaking so bad that she couldn't stand up and so I got to see a lot of the pain and emotional strain that I put on her.

This offender was able to articulate the negative impact his offense had on his ex-wife. His comments suggest that he may have developed some empathy for her. Other married offenders were less articulate. Perhaps they had less understanding about the impact of their offenses on their wives. They may have been more egocentric. It's also possible they failed to share this awareness because the above responses were induced by asking what the treatment experience was like for offenders.

Significant Others' Perspectives

Wives appeared the most impacted subgroup of the significant others interviewed. This domain, in fact, is primarily comprised of wives' comments. All of the wives were also mothers. With the absence of their spouses came added parenting responsibilities.

Significant Other: The separation of the whole entire family and everything and the stress that it puts on, I would have to say on me especially, with having to deal with four kids all the time completely by myself.

These mothers were also required to manage nonparenting domestic responsibilities previously assumed by their spouses.

> Significant Other: There were so many things that needed to be done to the house. I felt that it was too big of an imposition to ask other people to do some of those things and so I just let them go. They have got their own lives and their own houses and yards to take care of and to ask them to take care of mine also, that is an awful big imposition. We put out the fires. We took care of the critical things. We even did some of the not so critical things when they had time. There were a lot of things that were let go. It would have been less stressful on me if my husband could have been able to help.

It is clear that this significant other felt dependent and sometimes overwhelmed. Significant others also reported that stress resulted from the increased financial burden of maintaining two households and of paying for treatment.

Another impact was that some wives felt compelled to participate in nonindividualized treatment as an adjunct to their spouses' therapy. One wife summed up the collective sentiments; "We all paid. I've suffered a lot of consequences for what he has done. I didn't do anything wrong, but I'm suffering the consequences for it."

Therapists' Perspectives

Most of the therapists did not comment regarding the impact of sexual abuse upon significant others. This is likely because none of them provided treatment to any of the significant others. Consequently, any comments they would have made would have been merely speculation. An exception is that one therapist discussed the course of treatment of one of the wives. This wife was labeled as resistant to treatment because she did not want to tell her younger daughter about the incest that took place between the girl's father and older sister. This wife felt making such a disclosure would cause her younger daughter to develop undesirable negative feelings towards her father. The impact upon this wife is that she was negatively labeled as a result of noncompliance with treatment expectations.

CHAPTER 5

DISCUSSION AND CLINICAL IMPLICATIONS

The findings from this study document the treatment experience of intrafamily child sexual abusers from the perspective of the offenders', significant others of the offenders, and from the perspective of the offender's individual therapists at Broadlawns Medical Center. The different perspectives provided by offenders, their respective individual therapists and significant others demonstrate areas of agreement. The agreement suggests that a reliability and accuracy of data exists. Some informants provided information not discussed by others. This finding should not be interpreted as representing contradiction or lack of validity, but substantiation of the value of multiple perspectives in the present and future research.

Comparison of Results to Existing Theory

In Chapter 2 of the present study, two orientations of treatment are discussed. They are the victim-perpetrator and the systems orientations. Many findings can be integrated into the framework of both of these orientations. It is for this reason that present findings are discussed consecutively as they fit within each of the orientations.

Offenders in the present study demonstrated a pathology similar in presentation to that in other victim-perpetrator oriented treatment programs. They tended at first to either

deny the abuse altogether, or to minimize the extent of it and/or the harm it caused their victims. This observation may be attributed to several motivations. The offender may experience so much guilt and shame about their actions that they are psychologically impaired from publicly acknowledging both their abuse and the wrongfulness of it. It is also possible to attribute denial and minimization to an attempt to divulge only that which is already known from other sources. This is done in order to avoid punishment for all of the sexual abuse. Both of these interpretations fit well within the victim-perpetrator orientation as aspects of psychopathology. The third motivation to which denial and minimization may be attributed is to impaired empathy. The perpetrator may be viewed from the victim-perpetrator orientation as experiencing a deficit in the ability to empathize. From the systems orientation however, the perpetrator may be viewed as experiencing difficulty empathizing with his sexual abuse victim, as some function of the relationship to which the victim, perpetrator and other family members contribute.

In the present findings, it is found that offenders demonstrated improved interpersonal skills and improved interpersonal relationships as a benefit of treatment. From the victim-perpetrator orientation, this may be interpreted as identifying sex offenders as deficit in the areas of . It

is the social underdevelopment of offenders which produced the poor interpersonal relationships, and it is these relationships which improved as offenders acquired more prosocial skills. From the systems orientation, poor interpersonal skills and relationships represent a reasonable adaptation, or attempt to cope with a social milieu in which the use of more prosocial skills might result in greater interpersonal intimacy between some family members, to the exclusion or disruption of relationships with others.

A third finding of the present study which is consistent with findings of other studies is the incidence of a history of sexual victimization among sex offenders. At least one third of offenders in the present study had a history of having been sexually abused. From a victim-perpetrator orientation, this finding might suggest that sexual victimization initiated pathological notions, thinking errors and cognitive distortions about sexuality which were eventually acted out as sexual abuse of others during adulthood. From a systems perspective, intrafamily sexual abuse may be interpreted as a relational process which, once initiated, is transmitted from one generation to the next as an aspect of a more widespread relational disturbance.

Another finding of the present study is that group and conjoint couples and family therapy has been helpful. This is easily interpreted as congruent with the systems orientation,

in that it can be asserted that group and conjoint therapy allows for the interpersonal relationships, and not the individuals, to be the patients. Group and conjoint therapy can also be incorporated from a victim-perpetrator perspective, however. From this perspective, the helpfulness of these treatment methods rests upon the notion that intrapsychic disturbances demonstrate themselves, among other things, in interpersonal difficulties. Therapy involving relationships is therefore not an end in itself, but a means to rearrange intrapsychic processes and structures.

Comparison of Results to Previous Research

The present study supports several findings from previous research, but also refutes some other findings. This is particularly true in comparing the present results with the work of Scheela (1992) and Mathews, Matthews, and Spelts (1989).

In a qualitative study regarding the treatment of adult male incest offenders, Scheela (1992) described the experience as a "remodeling process." The remodeling process begins with the offender "falling apart." "Falling apart" refers to the psychological disorganization, disorientation and accompanying emotional and physical pain that are precipitated by the incest being reported. There was more emphasis on "falling apart" in the study by Scheela (1992) than in what was described by offenders in the present study. In the former,

an offender reported, "I felt like I was in a fog, a state of shock, like I was hanging by a thread . . . it was like a nightmare" (Scheela, 1992, p. 176).

The interview questions used by Scheela were not specified in the published article of her research. It is therefore not possible to assess the extent to which they are similar or different from those found in the present study. Despite this limitation, findings from the present study do not report such a dramatic impact of offense reporting upon offenders when compared to offenders in Scheela's study. A significant other of an offender in the present study discussed how the offender was "a little less sure of himself" as a result of being arrested. Results from the present study suggest that there was more "falling apart" experienced by spouses than by offenders. While many offenders did experience "falling apart," there were also many offenders who attempted to gird up their existing psychological organization and lack of need for change. They felt more anger about having their offenses exposed and apathy about the treatment process than guilt and shame for their offenses or ensuing consequences. The differences between these responses may result from differences in anticipated legal consequences. Although the legal process surrounding participants in the SAT program are unclear, adjudication for those in the present study may be lenient by comparison. Nearly all offenders at

Broadlawns received deferred prosecution. That is, they were assured of no legal consequence if they successfully completed the Broadlawns program. "Falling apart" may have been experienced less intensely, since Broadlawns participants may not have had to face the prospect of serious legal penalties, such as imprisonment, fines and loss of employment.

According to Scheela (1992), the next part of the remodeling process is "taking on the remodeling." This consists of the offenders assuming the responsibility for the abuse, for working in treatment, and for affecting personal change. Sheela (1992) asserts, "A few offenders never reach the decision to take on the remodeling project or do so only minimally" (p. 178). Present findings suggest similarly mixed outcomes. All of Broadlawns participants reported making appropriate changes. Therapists' views were not generally as positive. Furthermore, sometimes offenders who appear to others to make the most progress in treatment are the ones who later reoffend. Thus, it is important for therapists who work with sex offenders to be vigilant about the criteria used to determine how well a sex offender is doing in treatment and also to be aware that many offenders' self assessments are more positive than assessments made by more objective others. This difference may be related to program participants' attempts to deceive their therapists into believing progress has been made so earlier release from the program is possible.

In sum, it may have been difficult for Scheela and for this researcher to assess accurately the extent to which program participants affected personal change through remodeling.

"Tearing out" involves offenders evaluating areas of their lives and trying to identify factors that played a part in their choices to offend (Sheela, 1992). A domain that emerged in the present study entitled, "Factors That Contributed to the Offenders' Choices to Abuse Sexually," is consistent with the "tearing out" process Sheela (1992) observed in her program participants. These findings suggest that a common and apparently impactful experience is found in which participants introspected for the purpose of performing a psychological and environmental autopsy in order to identify contributing internal and external factors to past offenses.

Scheela (1992) refers to "rebuilding" as the part of her model that involves offenders making changes to put their lives back together. Scheela (1992) found that offenders saw themselves as changed for the better. Also, many offenders reported improved relationships with their families. These observations are consistent with present findings. Broadlawns participants frequently described how the treatment experience helped them to make positive changes and to be able to relate more successfully with other people.

There were also several similarities and differences found in this present study compared with Mathews, Matthews

and Spelts (1989). In the present study, offenders reported the way they dealt with feelings had changed. Comments suggested that treatment at Broadlawns helped offenders be able to experience and express those feelings. These findings are comparable to findings from the Mathews, Matthews & Spelts (1989) study of the Genesis II program. It was also observed in both programs that participants experienced reduced fear of being vulnerable. Both male and female offenders found that they were able to reduce their defensiveness and allow themselves the vulnerability of crying and experiencing their feelings through their tears.

A similarity among all offenders is the report of increased self esteem. Participants reported feeling more mature, self controlled and complete as a result of therapy.

They also all reported improved interpersonal skills. On the basis of these gains, it is understandable that both treatment groups also reported improvement in the quality of their existing interpersonal relationships and the acquisition of new ones.

Findings of the present study suggest that offenders experienced increased remorse and empathic capacity. This finding was also documented in the Genesis II program. Broadlawns program participants found that family therapy augmented other treatment in the development of these

affective processes. By contrast, the Genesis II program contained no family therapy component.

Broadlawns participants also found conjoint group therapy with adults who had been sexually abused during their childhood to be helpful in empathy development. Again, the Genesis II program contained no corresponding component.

Broadlawns participants made no mention of having felt accepted or excluded from the judgment of others during their treatment experience. Genesis II participants however, repeatedly identified this as part of their experience. Those women reported feeling understood, accepted and cared about.

The minority of Broadlawns offenders found confrontation helpful, but the majority had a more negative response. Although these offenders had different evaluations of confrontation, nearly all had some response. Their female counterparts had no similar responses. This suggests that the Genesis II offenders may have participated in a less confrontive program. Because female offender sex abuse breaks even greater social taboos than male offender abuse, perhaps the female offenders intrinsically experienced more guilt and remorse, warranting less confrontation.

Another difference was that Broadlawns offenders reported minimization and denial of their offenses early in treatment. Genesis II offenders made no similar gestures. Genesis II offenders reported feeling more supported and accepted, but

the majority of Broadlawns offenders experienced confrontation in their program and did so in a negative manner. It appears that the perception of less acceptance and more judgmental attitudes in the Broadlawns program may have led to initial treatment resistance.

A difference between Broadlawns and Genesis II participants was found with respect to power and control as offender dynamics. Broadlawns participants reported they had learned to give up power and control. Genesis II participants made no comments regarding this issue. This difference may be accounted for in the differences of treatment programs or approaches. It is also possible that this difference suggests that power and control are less frequently found dynamics among female sex offenders.

Results of the present study tend to confirm some of Allen's (1991) findings regarding offender treatment in Minnesota. In the present study every married offender experienced relationship difficulties. In one case, the spouse of an offender solicited advice from the researcher regarding whether or not she should divorce her husband. In both of the other marriages, relationship strain was substantially attributed to offender attempts to control their spouses. It is possible that the control attempts were merely symptomatic of relationship disfunction.

Findings from the present study also tend to confirm Allen's (1991) findings regarding complimentarity of victim gender. All but one of the offenders under study sexually abused female victims. The offender gender differences found in Allen's (1991) study could neither be confirmed nor refuted, as the present study did not examine female offender variables.

Similarities between the present study and the study by Marshall and Mazzucco (1995) are also found. In the present study, low self esteem was suggested by comments not only by the offenders, but by their significant others and therapists. Low self esteem may not have necessarily preceded and contributed to sexually offending behavior. It may have resulted from the detection, adjudication and treatment processes. It is unclear whether offenders who participated in the present study demonstrated a high incidence of sexual abuse victimization, since they were not specifically asked. One of the offenders did, however, spontaneously volunteer this information.

Hanson and Scott (1995) concluded that sexual offenders experienced greater deficits in interpersonal empathy than any other group they studied. Offenders, significant others and therapists in the present study reported an increase in empathy as a positive outcome of treatment. This implies that

these offenders may have also been empathy deficit preceding treatment.

Dadds, Smith, Webber and Robinson (1991) considered the question of whether or not intelligence or certain personality characteristics could be associated with those who sexually abuse. While their findings are inconclusive, threats to the study's internal validity have been previously discussed. Immediately above, both previous research and present findings suggest that low self esteem, empathy deficits and excessive attempts to control others have been identified. These findings suggest that further research into personality characteristics of sex offenders may be more fruitful.

Implications and Recommendations

The present study was designed to develop an ethnographic account of the treatment experience of sex offenders participating in the Intrafamily Sexual Abuse Program at Broadlawns Medical Center. The similarity of present findings with those of other treatment programs suggests that the recommendations and implications of this study may be inferred to sex offender treatment programs generally. The qualitative design of this study limits its utility to this low level of theory development. Present findings suggest that offenders, most significant others, and individual therapists of offenders believe the Broadlawns program has been effective in facilitating positive offender changes.

Results also suggest that some impediments to treatment may exist.

Program participants found support from their peers to have been a positive experience and helpful to them. Some offenders nonetheless failed to risk disclosure out of concern that doing so would precipitate hostile responses from group members. The latter would suggest that fear of risk taking, and lack of genuine disclosure distance an individual offender from treatment peers and may impair therapeutic progress. This suggests that a predominant group dynamic surrounds conformity and reduced risk taking. When some group members break this silent code by risking, the ostracism they face from other group members serves two functions. First, others ensure a safe and risk free posture for themselves by focusing their attention on the discloser rather than on the extent to which they themselves continue to struggle with similar issues. Second, they send a clear message to the group deviant to refrain from making similar infractions of unspoken group rules in the future. The implication is that those who report they are no longer struggling with treatment issues and are best able to articulate the views of their therapists are the ones making the best progress.

It is recommended that this unspoken group dynamic be changed. More effective treatment is likely to result when offenders become aware that therapists expect open and free

discussion of difficult issues and of offenders' persistent deviances. Therapists must establish the notion that progress is measured by the extent to which individual group members disclose their own therapeutic struggles and identify with and support the struggles of others.

Although many Broadlawns participants decreased disclosure out of a fear of social reprisal and confrontation, others found confrontation to have facilitated their progress. This finding suggests that the role of confrontation in sex offender therapy warrants additional study. Of particular interest may be the circumstances under which certain types of confrontation produces beneficial results on certain types of sex offenders. The role of confrontation upon denial, minimization and other signs of treatment resistance should also be examined.

Another clinical implication is related to the Broadlawns goal that the offenders, "understand and develop, clear, appropriate boundaries with family members and others." Broadlawns involved the spouse and family members of those offenders who were married. However, nonspousal significant others did not participate in individual treatment nor in the treatment of their unmarried offending partners. On some occasions, these nonspousal significant others have consequently felt alienated from the treatment program and have expressed this alienation through criticism and potential

undermining of psychotherapeutic efforts. Thus, sex offender treatment programs could likely increase effectiveness and significant other support by involving those people who, even though not married to offenders, are an important part of offenders' lives.

The progress of sex offenders in treatment is difficult to assess. Offenders have a differential by which they recognize and assume the need for change. They also tend to report their progress in more positive terms than do their therapists. Particularly among those who fail to acknowledge the need for change, this may be a function of an attempt to comply with what is perceived as treatment expectations, or may represent an attempt to manipulate the therapy team, toward the end of early program release. The recidivism of some program graduates suggests that manipulation of therapists is at times successful.

Since significant others do not have the authority to graduate offenders from treatment programs and since they have more day to day contact with offenders, is it possible that they may represent a more accurate source of information regarding offender progress in treatment? It is recommended that a study of recidivist sex offender program graduates be conducted in which the perceptions of treatment providers, the offenders themselves and significant others be compared for accuracy in predicting reoffense. This study could also

potentially identify salient precursive behaviors, thoughts and feelings which are predictive of reoffense.

A difference is found between the degree of "falling apart" identified in Scheela's (1992) study and present findings. This may result from a possible differential between the potential legal consequences faced by SAT program participants and the relative immunity experienced by Broadlawns participants. Since psychological change necessarily involves supplanting of preexisting intrapsychic structures with new and hopefully more accurate and adaptive ones, an implication is that those offenders who cling to the preexisting structures are less likely to change. On the other hand, great disorganization may suggest an intrapsychic fragility that makes therapy difficult. Therefore, an appropriate research question is whether or not more "falling apart" correlates with better treatment outcomes. If "falling apart" is so correlated, does a more strict penal code facilitate this process?

Broadlawns program participants expressed the benefits they derived from informal affiliation with their program peers. Unfortunately, many sex offenders are restricted from contact with other offenders by legal mandate. It appears, as is true in many other crimes, that such affiliation may afford the opportunity for collaboration for the commission of new crimes. Sex offenders, however, tend to act alone and hide

their crimes in secrecy. It is therefore recommended that further investigation be conducted into whether or not sex offenders should continue to be restricted from their offending peers.

The Broadlawns program, like many other programs, relies substantially on the use of reading and writing assignments and verbal communication skills. There are, however, sex offenders who are limited in these skills. These offenders are frequently assessed as making less therapeutic progress. Less progress is possible, since the verbal skills by which change is affected is less impactful. It is also possible that the progress these more limited offenders make can be less effectively communicated, resulting in less positive evaluation. It is therefore recommended that the use of more experiential and nonverbal treatment modalities be evaluated in an attempt to treat these more limited offenders more effectively.

A significant other of a Broadlawns program participant discussed her concern about what she perceived as sex offender dynamics in her son. Since it is typical that sons identify with and emulate their fathers, perhaps the dynamics of sexual offending are internalized by children of adult offenders. It is also possible that since in general, sons emulate their fathers, that children of offenders appear similar to their offending fathers, but that these similarities are not

necessarily predictive of sexual offending. These observations and interpretations lend themselves to several suggestions.

More research should be conducted to attempt to identify whether or not unique interpersonal dynamics of sexual offending exist. If these dynamics do exist and can be described, follow up research should be conducted to determine whether or not these dynamics are assumed by children who model their offending parents. The identification of this process of passing a legacy of sexual offending from one generation to the next would implicate systems oriented intervention for sexual abuse as vital to treatment success.

Conformity to treatment expectations appears prevalent in sex offender programs. This produces several effects upon program participants. Most participants appear less willing to be honest, out of fear that honesty will constitute admission of violation of treatment expectations. Violation may then result in labeling of participants as resistant, dishonest or as not progressing in treatment. This apprehension may be associated with more detailed disclosure of sexual abuse, disclosure of thinking processes and perceptions which sexually objectify others, or disclosure of deviant sexual fantasy.

Unfortunately, apprehension about making these disclosures can itself become an impediment to therapeutic

progress. Treatment programs may become more effective if an awareness of this reluctance is fostered among treatment staff. Promotion of conformity with therapists' expectations should be reduced, so that offenders can without reservation explore their idiosyncratic motivations and behaviors. Disclosure should be conceptualized as a progressive process, in which deception and secrecy diminish over time. Under these circumstances, those offenders who appear more tentative, more disclosing and aware that self management of sexual behavior is a lifelong process may be evaluated as demonstrating the most progress. Sex offenders who convey that their outward conformity represents cure, who do not risk to disclose daily struggles to implement therapeutic change and who are therapist pleasing should be evaluated as potentially demonstrating less progress.

Reliability of data in the present study is established by the extent to which agreement is found between the reports of offenders, their respective significant others and their respective individual therapists. Some might interpret the differences found as threats to reliability and accuracy. It is more sound, however, to interpret those comments made by some informants which were not mentioned by others as examples of how different perspectives elicit different and supplemental information. This is the purpose of a multiperspective approach. It is therefore recommended that

threats to reliability in multiperspective case study research should be interpreted cautiously, and as demonstrated in contradictions, but not omissions, between different perspectives.

Low Level Theory Development

Some new information was found in this that contributes to low level theory. These findings are summarized below.

1) Appropriate change is more likely to occur when individual group members disclose their own therapeutic struggles and identify with and support the struggles of others.

2) The more offenders feel connected with other people, the more likely they are to feel good about themselves and thus less likely to reoffend.

3) The more open and willing to take risks through disclosure, the more likely offenders will be to effect changes in their lives.

4) More effective treatment is likely to result when offenders become aware that therapists expect open and free discussion of difficult issues and of offenders' persistent deviances.

5) The more significant others are involved with offenders' therapy, the greater the chance of obtaining information about how the offender is doing regarding meeting treatment expectations.

6) Some anxiety in offenders would likely increase chances of them making appropriate changes.

7) Offenders who appear more tentative, more disclosing and aware that self management of sexual behavior is a lifelong process may be evaluated as demonstrating the most progress.

8) Offenders who convey that their outward conformity represents a cure, who do not risk daily disclosure in implementing therapeutic change and who are therapist pleasing, should be evaluated as potentially demonstrating less progress.

In future research it would be desirable to subject these findings to additional study in order to support, refine or refute the emergence of these theoretical propositions.

APPENDIX A: EXCERPTS FROM DATA

A transcription of approximately the first four pages of interviews with one of the perpetrators, one of the significant others, and one of the therapists is included in order to give the reader a sense of how the interviews were conducted. The significant other and the individual therapist were not the significant other and individual therapist of the perpetrator.

Interview With A Perpetrator

Ethnographer: The purpose of this interview is for me to talk with you in order to get your story about what your experience has been like being involved with Broadlawns. Could you go ahead and say what you can say about what your experiences have been like?

Perpetrator: When I first started coming to Broadlawns, I was very defensive. I was in denial. I minimized my offense and I rationalized it. I knew when I was getting mad and I knew when I was tense or if I was happy or sad, but I didn't know how to get in touch with those feelings or that I should look behind those feelings at what was making me that way or that I should pay attention to what my body was telling me, if it was telling me anything. Through talking with my therapist and working in the group and listening to other group members and listening to the therapists, I have learned how to deal with my feelings, be aware of my feelings. I've learned that I can be open and honest out here and that is the best policy, to be open and honest, that I am not going to get anywhere with treatment if I try to hide things. Some of the guys we have had go in and out of group. I can understand why they had trouble because they were trying to hide things, so I try to approach everything out here open and honest and take everything in that I can and process it to see what I can get out of that is going to help me in my future life. How to deal with my feelings, how to be vulnerable, how to be open with people and how to communicate with people. One of the problems I had in my past life was that I couldn't say no to people and I felt that people were always trying to use me. I was too passive, but now I have learned more on how to be able to talk to people and bring myself up to where I can tell them no and mean it. If it is something I don't want to do and

they are trying to get me to do something I don't want to do, I can say "no" and I don't feel like I've been used any more. So I feel much better about myself since I have been in treatment. I never realized how much pain that I put my victim through or my wife or my son until I came out here and started to listen to the victim survivors. They have had a big effect on me here in relationship groups, seeing the pain in their eyes and what their life has been like. I haven't had that opportunity to see that much with my victim or her brother or mother but at the time they disclosed my abuse I did get to see some of the pain that I have put them through. My wife was totally devastated. She had a nervous breakdown. This was all during a time between the time my victim disclosed and the time I went to court. She went through a lot and several times she would come over to talk to me and would be standing there and she would be shaking so bad that she couldn't hardly stand up and so I got to see a lot of the pain and emotional strain that I put on my ex-wife. I didn't get to see the effect on my victim because I didn't have contact with her from the time she disclosed. The few times she has been over to see me, we haven't discussed my abuse of her because I felt that should be done through the treatment program here. I didn't want to control what she was there for. She came there to talk to me, to bring the kids over. She wanted me to have contact with the children and the first time she came over she brought them with her. I told her I couldn't have contact with children at this time. We had to do it through the treatment program. The next two times she came over she was by herself. Always I made sure there was somebody else there in the room. I felt that was keeping me safe and protecting her as well. I felt beyond that if she wanted to discuss my abuse of her that we could do that in a responsibility session here through the treatment program and there have been no sessions set up at this time. But I have got to see a lot of the pain of the survivors here at Broadlawns, the victim survivors and the mothers and the spouses. I feel that I have gained more from the relationship group than I have from any other part of this program. Although I have gained a lot form the men's group and from one on one visits with my therapist, I still feel I have gained tremendously from the relationship group. I just feel that there is a lot of things in my life that I have taken for granted. I never thought of things that were going on with me when I was growing up, the way my father treated us. I just figured that was the way fathers were supposed to treat their children, that was his way of disciplining us. I didn't realize it was abuse. I didn't recognize it as abuse. I recognized it as discipline, but after I got involved with the program here and I started to do my autobiography and I thought back and I put myself back in those early days of my

childhood and I remembered how my dad treated me and I was very angry and upset with him that he could treat us that way. He was a very abusive man. Then just before he died, he got cancer, and he changed then and he became a totally different person. He never really conducted himself as most fathers will with their children and he never visited any of our homes or nothing else until he got cancer, then all of a sudden he is at my house, he is wanting to go fishing with me, he wants my family to come with us and it is a whole new experience for me. When he passed away, I guess I was really hurt because I didn't expect it. He went into a coma over night and I didn't realize I had so many things that I wanted to say to him and I was angry at him because I didn't get to say those things. They changed from I think Cobalt to chemotherapy. They wanted to change his treatment program and he got one of those chemo treatments and refused to go for any more and refused to have anything. He just gave up. He gave up all will. He didn't want to fight any more. I understood, but yet I was angry at him. A lot of those things I took for granted. I just passed them through myself and I realized that I was experiencing something, but I didn't process it within me why I was feeling the way I was and it wasn't until I started doing my autobiography and went back and started looking at those times in my life that I started realizing some of the feelings and why I was feeling the way I was at those times. I feel the autobiography assignment has been very beneficial with me to be able to go back and look at my life and put my learning experience with understanding my feelings and go back and recognize some of those feelings that I had in my earlier life, but I feel the autobiography at the same time takes away a lot of time within group that we could be using for other assignments. We have a member of our group that has been working on trying to get his autobiography given for the last year. He has been a year trying to get through it and I feel that is a lot of time that he could have been using to work on other issues, other assignments for himself other than just the autobiography. I think the autobiography is important, but I think there has to be a way to slow down or to condense it down enough to where we can give it and have it out of the way instead of dragging it out as long as it does. I've been going through mine with my therapist. This is the second time we have gone over it for almost the same year time. That is just getting it prepared to present to group. So although I feel it is very valuable in the treatment program, I think it takes up a lot of time the way it is processed that could be used on other assignments or other issues we might want to work through. I feel the most valuable part of the men's group is working out issues, things that we are discovering every day from week to week, things happen to us from one week to the next and instead of keeping those issues, those things

inside of us, we have a chance now with this group to get those things out and talk about them, why we are having these feelings and getting feedback from the other members of the group as to what kind of experiences they have had along the same line that might help us to recognize things and to work on issues that are bothering us. I think it is real valuable as far as working on the issues and discussing problems that we go through each day and it has been real valuable in that way. We became pretty close, the men in the group. We have all become very close. We developed pretty good friendships. Most of us quite often will meet at one of the member's homes. We will go out to one of the other group member's homes and we will hold our own group. This is what we did over the weekend. The group therapists were gone so we held a meeting and still had the opportunity to discuss things and to have feedback from the other members of the group and we have invited every member in the group and I'd say probably half to two-thirds of them show up. We felt pretty good friendship. We sat down there, like in the summer time we cook out and sat there and kicked back and relaxed, just visited for awhile and then we work on our issues and it has really been quite fun, quite interesting. As far as one thing that I think has been pretty important with me is I feel in the past I've put too much emphasis on sex. I've always felt that I needed sex. My mind was dominated with it. If I saw a girl walking down the street I would wonder what it would be like to have sex with that girl and I'd be looking at her anatomy and having sexual thoughts and fantasizing and eventually I'd go home and I'd masturbate. Since I have been in this program, I've been using a process I read about in a book. It talked about a process that a person could use if you have a thought or something that occupies your mind and doesn't want to leave and you just dwell on it for days. You could use this process to help you stop thinking about this thing and start thinking about something else. The way it worked was if you started dwelling on a particular subject you would just holler inside of your head to stop or holler out loud if you feel like it. Holler, "Quit." That is enough and stop yourself and direct your thoughts to something else. So I've been working that and it has worked real good for me and I've been feeling real good. It is like I told my therapist I haven't masturbated in six months. I haven't fantasized or masturbated in six months and that makes me feel great. If I see a lady walking down the street now, I look at her face, I look at her hair, and if she is attractive, I think, "There is an attractive lady." It used to be: "There is a sex object there in front of me." I feel in that respect it has helped me but I was talking to a couple of group members and their feedback was that by using my method to stop thinking constantly about sex in that manner was stuffing feelings, not discovering why I felt that I had

to look at this female and have a sexual thought and they felt I should have processed it within myself and made myself aware of what I was doing and find out what was behind that thought, why I felt I had to feel and think that. So I have been kind of stumped with that. I haven't wanted to accept that feedback at this point because I have felt good with the way I have been working and I decided I would wait and talk with my therapist and see what his feedback was on that prior to changing my process. So I think the program has helped me in a lot of ways. It has helped me to now be able to look at a female as a human being, as a person. I have a very good friend. Her and I sit and talk and I don't look at her and want to have sex with her and that is great.

Interview With A Significant Other

Ethnographer: This interview is for me to be able to get some information from you about your perspective on your husband's treatment experience here at Broadlawns. I know that is real general so I would like to just start it out that way, what you feel like his treatment experience here at Broadlawns has been like. After the general question we will go from there.

Significant Other: What I feel it has been like? It has been nerve wracking most definitely.

Ethnographer: Okay. One thing about it has been nerve wracking. What do you mean by nerve wracking?

Significant Other: The separation of the whole entire family and everything and the stress that it puts on I would have to say me especially with having to deal with four kids all the time completely by myself.

Ethnographer: Okay. So the separation of the whole family. Are you mostly referring to the fact that he had to move out and leave you alone with the kids?

Significant Other: Yes, and all the stress.

Ethnographer: And all the stress with that?

Significant Other: Yes. And all the work and everything else that goes along with it. I also feel the treatment program runs a little too long for him.

Ethnographer: You feel like the treatment program runs a little too long?

Significant Other: Yes, it takes too long for them to get through it I think. There are a lot of different assignments they give the guys and he has briefly explained some of them to me. I can't figure out why they would make them do some of them. Some of them don't make any sense to me at all or why they have them do them at all.

Ethnographer: So you think some of the assignments could be cut out, especially the ones that you have seen that don't make any sense, what is the point in doing them, that kind of thing?

Significant Other: Yes.

Ethnographer: Maybe if they cut out some of these nonsensical ones?

Significant Other: Yes, some of them when he tried to explain what the empathy letters are and all that it is basically putting themselves in the victims position and all that. I think with any body it would be hard to put yourself in anyone else's position no mater what they would be a victim of.

Ethnographer: So the victim empathy letter assignment you are saying it would be hard for anyone to put themselves in anyone else's shoes.

Significant Other: Yes.

Ethnographer: So are you talking about because that assignment is hard or whatever that...

Significant Other: It would be hard. I mean it would be like if a person found out they are dying of cancer or something, there is no way anyone could put themselves in that person's position and know exactly how they feel, knowing they are dying of cancer unless you go through it personally yourself. It is a little hard to figure out how they feel.

Ethnographer: So because no one can feel exactly what someone else is feeling then an assignment such as this really has no meaning. Is that what you are saying?

Significant Other: Well, maybe it does to some extent, but I just feel that is an assignment that probably a lot of them have a real hard time with. I know I would.

Ethnographer: So are you saying more than because it is difficult, because you can never really know for sure what

someone else is going through and basically you are saying it is impossible to do.

Significant Other: Well, it is not impossible. It is difficult and it makes the guys think long and hard, a lot of them.

Ethnographer: If it makes them think long and hard, I guess I'm a little confused, meaning that you sort of talked about how this victim empathy letter assignment I thought as an example of an assignment that really wasn't one you could understand.

Significant Other: Yes. I sometimes feel it is an assignment they give them that really in some ways basically doesn't make a whole lot of sense with all the context to it and everything else without them not knowing exactly what it was like to be able to make them sort of transform themselves into the victim and everything else. It would sort of be like reverse role playing.

Ethnographer: So this is what I thought you were saying. Because they really can't do that then what is the point. But on the other hand I thought you said too that these guys have to think long and hard and maybe there is some value to that?

Significant Other: There could be.

Ethnographer: So there are parts of you that wonder if there could be some value to it even though it is sort of these guys aren't really going to...

Significant Other: Right. With all their assignments, of course they have to meet the standards of everybody out here and make them happy. So that part sometimes would be confusing for the guys. They get so far and then they just don't get any farther on anything because they don't know for sure what to do, just what to write down on their assignments, to I guess satisfy all the therapists out here.

Ethnographer: Okay. So one of the things is there is some confusion in terms of what really needs to be written in order to satisfy the different therapists.

Significant Other: Yes.

Ethnographer: Sometimes it sounds like the therapists are different and sometimes they get to a point where they have a hard time satisfying everyone. Is that what you are saying?

Significant Other: Yes. I know every single one of them out here is very different. I've sat in on too many relationship therapies and with all the different therapists that do them and each one is totally different in what they expect from the guys in relationship therapy and what they expect their responses to be when asked a question. It is like you are not supposed to sit and think before they say it. They are supposed to be able to blurt out whatever their answer is going to be for a question. Some people have to think before they can say it.

Ethnographer: Let me see if I am getting you. When you are talking about how therapists are different and you are sitting in on relationship groups you have been able to see how they are different on how they like to have different responses or they respond different ways to what was said by people in group for example?

Significant Other: Oh yes.

Ethnographer: So is part of your point then that because the therapists are different, it is sometimes confusing for the guys as far as doing their assignments because they are not quite sure what is expected of them?

Significant Other: Yes, from each individual.

Ethnographer: From each one.

Significant Other: Because I know with even their group therapies and all sometimes their group therapies are done by other therapists other than their own individual therapist. They have learned to know what to expect from their own individual therapist pretty much and then they get into group therapies or relationship sessions and you are dealing with all the other therapists and everything else. Some of them expect the answers pronto or they expect the guys instead of just sitting there and not having anything to say to some of the survivors that are in the relationship therapy, they expect them to not just sit there and not say anything. They expect them to always participate. Some of them find it hard to even be out here and be going through this stuff as it is because I know the first time I came to relationship therapy I thought I never want to come back again and I was ready to get up and walk out. And I just about did three or four times that night and it wasn't because of the guys and it wasn't necessarily because of the therapists. It was because of some of the survivors and the way they verbally attacked the guys. And then there was one night I was ready to leave when one of the therapists ticked me off and made me mad by a comment she

made to me. See I have my choice. I can get up and walk out and say I am not going to it any more. I'm not dealing with the relationship therapies any more because it sometimes can be very emotional and even more draining than everything else already is.

Ethnographer: It sounds like you are talking a lot about relationship group in terms of how emotionally draining it can be and how it has been frustrating for you in the past, mostly with the survivors.

Significant Other: Yes, and also some of the guys. One of them when he wrote a responsibility letter and everything to his victim, who at the time was three and a half years old, I sat there and thought, "How is that kid going to actually be able to understand what he is saying because she probably can't remember what happened." When you put it in a letter, even if it was read to her, she is probably going to wonder what on earth he is saying because at three and half a lot of kids don't understand a lot of things.

Ethnographer: Okay. So in terms of like an assignment that was given while you were in relationship group, a responsibility letter to a three and a half year old, you didn't feel like there was much point in doing that because she is so young?

Significant Other: Yes, because some of the things, the way he had worded some of it was even confusing to some of the survivors which that night wasn't a bad night. The survivors just gave him some ideas on how to reword his responsibility letter and how to rewrite it in terms that she could understand because some of them had been abused as young as three and four years old, so they knew where that little girl would be coming from hearing something like that. I don't know if them reading their assignments out loud in like a relationship therapy and all that is really, to some extent it is helpful for some of them but to another extent some of them are probably scared to death to do it because they're afraid that they are going to really have some tempers flare up or something from some of the survivors and probably from some of the mothers because I know my temper has flared at some of the other offenders.

Interview With A Therapist

Ethnographer: The purpose of this interview is for me to get information about your perspective concerning his treatment experience.

Therapist: His experience has been a long one and I think it has been exasperating for him. I think his presentation was one that was very deceptive, and I don't mean willfully deceptive. I think he comes across as a very concerned and thoughtful person and intelligent. He is, however, I have my hypothesis about him, why it is taking him so long, why it seemingly has been so exasperating for him, is that he is really keyed into the money aspect of treatment. Keyed into the money aspect and the separation from his family. I guess his main motivation has been one of connections and acceptance and that if he is not in close intimate contact with people, he really presents being kind of lost. Early on in treatment he took a second job and has been working a lot of hours. That has created a problem in that he really didn't devote a lot of time to working on issues and doing his homework and stuff. To me it seemed like he may have thought about his issues outside therapy but he didn't say work on his issues outside therapy. Issues like victim empathy or understanding his own motivations why he came to abuse. He didn't invest all the time needed because he would come back to individual and group sessions and basically repeat himself and what he would say would be generalizations or all those platitudes about how bad sexual abuse is but not showing what I call a lot of insight, revealing more information that would help anyone understand why he chose to sexually abuse when he did and why he chose who he did. So he seemed remorseful but didn't seem to be gaining ground on understanding all the issues. Another exasperating point for him is that group members would repeatedly; let me back up for a minute. He would for several months go with very little participation and when he would present an assignment he couldn't respond or would have real difficulty responding to questions that peers would ask him. They would ask him questions like "How were you feeling just before you abused?" or "How were you feeling when you had an argument with your wife?." Then he had a difficult time responding and identifying his feelings. He might identify feelings of confusion or anger and that would be it and when he would be pushed to identify more feelings, he would attempt to read this primal situation instead of coming up with another feeling word. So the effect was to convey he didn't know a lot about feeling words or didn't know a lot about his feelings. He would appear real anxious and he would then say he was anxious in group. We kind of had a special unit on dealing with anxiety with a student I had last year where they designed a special approach that he would measure his anxiety levels. One of the questions was why he wasn't more participatory in group and his thinking at the time was that he was just so anxious. He just dreaded the confrontation or group process so much that it just shut him down. At one point his lack of participation in group and his

seemingly inability to progress on his assignments in a way that would sound genuine or convincing led us to have a meeting with his attorney where we put him on probation and we explained his probation to his attorney and we gave him more assignments, in essence, increasing the anxiety in saying he needed to accomplish these assignments with like a thirty day period, which is what he did. And seemingly putting that additional pressure on him got him to respond more. He did claim more time in group. He did work to identify more issues. He still seemingly complained mostly about feeling, as we would put it, "bashed" by the group because the group seemingly would get on him. They would get frustrated when they would ask for a feeling and he would come back with a description and a person in group would say, "But that is not a feeling.," and he would assert that he was trying to tell them, trying to describe how he was feeling and the person would say "What is a feeling word?", and then he would draw a blank. But after some work he did develop a list of feeling words and he did work on enhancing his feeling word vocabulary and he did work on trying to deal with group members. He read some books on assertiveness. I had him write a paper on passive/aggressive behavior versus assertive behavior and he learned that he could at least feel more assertively with the group and not worry about this issue of being bashed for right or wrong and he would start telling the group when he would start feeling confused or overwhelmed and then he started asking questions and interacting with peers and asking questions of peers about their victim empathy and making comments, asking them how they felt. And then over months and months time it seemingly kind of turned him around a little bit so that he took a lot of ownership for his involvement in group, got to devoting a lot of time to it. One of the things he does is that his comments generally start by, his first comment is always an expression of what things are like for him, what his experience has been over the past week and it is usually one of how hard he has been working, whether it is at his job or on his issues. I think that kind of reflects that a struggle for him is that his first focus is on himself now and maybe that is what he has needed to do, to get in touch with what is going on for him, develop some sense of feeling about himself. Now that he is getting feedback from group members, he seems exceedingly self-focused and totally unfocused on family or victim, the issues of the feelings of his victim and issues of feelings for his family. So now he has to kind of mediate or find a balance between those two approaches because we are starting to have some family therapy sessions and the expectation for him is that he can kind of be aware of what his issues are and be able to pick up on the verbal and nonverbal cues that he is getting from his family members so that he can respond to them in a way that sounds

like what they are saying or doing registers with him and that he can adjust or react to that without being self-focused. He is another person who has found confrontation difficult to handle. He is a polite and gregarious seeming person and he is not comfortable in social settings. He has had to become more adept and more competent in dealing in social situations as a result of treatment. And he has had to deal with some basic fears for him of being on a real tight budget. Being financially sound has been real important to him and some of that is a long term issue for him. He sees himself as having had to work for everything he has gotten without having anything given to him every since he was very young. One of the issues that came up was when his wife started making more money than him. It affected his self-esteem and he actually became angry. Since he has been earning his own as a kid, it has meant control for him. He handles one on one sessions better. He is far more comfortable in individual therapy than in group. He is also concerned about a person's opinions of him. People having a good opinion of him seems to be very important to him. There have been times when because of some disagreement or something, my expectation of him would be that he would be angry, disappointed or complain. Instead, he seems to be very accommodating like the language he uses sounds more accommodating. I think he has always had to deal with impulse control and fantasy. I think he has some real automatic responses to conflict or sense of loss of control and that is to either withdraw or to become very anxious. I guess he has had that need for that physical kind of intimacy with people, physically touching or hugging or in contact with people as a way of confirming some acceptance. It can't just happen verbally. It has to be something that is physical. Having to be more verbal were some of these issues and not being able to use them, some of those responses...That is about it.

Ethnographer: Well, starting at the back or end of what you are saying, I want to clarify a couple of things. You said he has a real need for physical intimacy. He seems to have a need for physical intimacy, that verbal contact isn't sufficient. There needs to be the physical aspect as well. Then you said that not being verbal to you some of those responses had to do with the abuse and I'm not quite sure what you mean.

Therapist: Three years ago when he was abusive, he would seem to either be a physically huggy person and that is the way he would make everything okay or he was going off in rages and yelling and throwing things. And if neither of those options were available to him, he would just withdraw.

Ethnographer: Okay. So you are saying...

Therapist: And so when he has to talk about those experiences, talk about his feelings in group, honestly he doesn't allow himself to go into rages and he doesn't have the ability to get physically intimate in contact, have contact with anybody. His tendency was to withdraw and when that wasn't acceptable, it created a problem for him because he tended not to have any other means of self- expression that was readily available to him that he was used to or competent. So talking more assertively about his feelings took some time for him.

Ethnographer: So then it sounds like the way you see him responding is to either be, at least with his family, is to be physical or huggy. If he is not able to do that then he will either have a rage, become angry or withdraw. So that is how you see him as responding to stress or conflicts?

Therapist: Responding to conflict with other people where he fears a loss of control and perceives a loss of control and a loss of acceptance.

Ethnographer: So that in terms of the physical intimacy, that is what you were talking about where you alluded to the abuse. I sounds like you are relating that maybe the abuse was a part of his response to a loss of control and if that didn't happen and he wasn't abusing, then he was either in a rage attack on his family or he was withdrawn. Pretty much what you are saying?

Therapist: Yes.

Ethnographer: And you said in group that has been a challenge for him because he hasn't been able to be physical or burst into a rage so he is withdrawn and that wasn't acceptable for the group. So you said talking assertively about his feelings, that took some time. Does that mean he is doing that a lot better now or is it still a concern or did he overcome it or just made a lot of improvement?

Therapist: He has made improvement.

Ethnographer: Okay. And that is what you were referring to when you said he has an automatic response toward loss of control.

Therapist: Yes.

Ethnographer: Okay. You said he has to deal with impulse control and fantasy. We sort of talked about how these issues of impulse control and how he made progress in that. In terms of his fantasy, anything else about that?

Therapist: Well, he is being open about the fact that he did fantasize and has fantasies. The progress I would say is being able to talk about it, the fact that he had fantasies, in front of his victim, tell her that he was having fantasies about her. That he recognizes the fact that he was having a fantasy was his responsibility. That is good. It sounds encouraging.

APPENDIX B: INFORMANT CREDIBILITY

Significant others and therapists appeared candid in their responses. For the most part, the presentation of offenders also appeared credible. Offenders all indicated that there were some aspects of coming to Broadlawns they found helpful and some they found not helpful. This variety of responses contraindicates the presence of halo effect.

Offenders' eye contact with the interviewer was maintained throughout most interviews. Most offenders seemed relaxed as they were interviewed, as evidenced in that several of them crossed their legs, suggesting they were making themselves comfortable. Such cues, though not definitive, have been correlated with credibility (Miller & Burgoon, 1990).

Not all offenders seemed relaxed in the interview. One was quite soft spoken, suggesting that he may have been nervous. The recorder was unable to pick up much of what he said, and he was relatively nonverbal. It seemed difficult for another offender to remain coherent. That difficulty may have been in part due to his medications or the serious mental illness with which he was diagnosed.

Admission by offenders of the wrongfulness of their behavior was the most significant observation suggesting informant credibility. For example, offenders mentioned how they had initially denied, minimized, or rationalized their

perpetration. They talked about how they had been controlling of others, sexually objectified people, or were selfish in their relationship with others. These comments suggested that they were cognizant of their inappropriate behaviors, and not trying to hide these realizations from the researcher. It is possible, however, that they had learned the talk of therapy and were utilizing it in some way that they believed could be to their advantage.

One of the offenders who acknowledged having a long history of obsession with sex discussed how that was no longer a problem for him. He said he had not masturbated in six months. He said he was also able to see attractive women and not sexualize them as he did in the past. He said, "I have a very good woman friend. We sit and talk and I don't look at her and want to have sex with her and that is great. I've never been able to sit down and really have a conversation with a female without thinking about sex."

This offender seemed enthusiastic about changes that he said he had made. Perhaps the offender has been able to successfully focus less on sex. This researcher's experience with sex offenders who had a similar sexual history causes skepticism about this offender's claims, however.

APPENDIX C: INFORMED CONSENT FORM

The following is provided so that you can decide whether you wish to participate in this study which is to be used as part of a doctoral dissertation. You are being asked to participate in a research study conducted by a doctoral student of marriage an family therapy at Iowa State University who is completing an internship at Broadlawns Medical Center. Information gathered in this study should be useful in facilitating treatment for the offender. Participation in the study may provide you a greater sense that you have input into the type and quality of therapy you receive. You should be aware that even if you agree to participate, you are free to withdraw at any time.

The purpose of this study is to increase understanding of the treatment experience of the intra family child sex abuser from the perspective of the perpetrator, a significant other of the perpetrator and the perpetrator's individual therapist at Broadlawns Medical Center. I therefore request your permission to interview you and ask you a number of questions regarding your perceptions of the treatment experience. The interview should last approximately 15 to 60 minutes. Participation in the study will entail no greater risks than already incurred as voluntarily choosing to be clients of Broadlawns Medical Center's IFSAP program.

Your participation in this study is solicited, but strictly voluntary. Please do not hesitate to ask any questions about the study and know that confidentiality will be strictly followed and your name will not be associated in any way with the research findings. Your cooperation is greatly appreciated. If you have any further questions regarding your participation in this study or if you wish to have a copy of the results sent to you at the conclusions of the study, please call Mr. Chad Hamilton at 282-2493.

Signature of Participant: Date:

_____ _____

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